Ministry of Health
Medical Services Branch

Annual Statistical Report for 2015-16

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Preface

This fiscal year 2015-16 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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www.saskatchewan.ca/government/government-structure/ministries/health#annual-reports

Highlights

Medical Services Plan

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of physician, optometrist and dental services. The Plan also provides funding to support clinical services provided by faculty at the College of Medicine, medical resident salaries and a range of physician recruitment and retention initiatives.

In 2015-16, the MSP provided for in-province expenditures of $859.1 million, while program payments totalled $105.9 million and medical education payments were $59.9 million. Utilization increases were seen in Optometry related to expanded coverage for diabetic eye exams. As well, utilization of dental services increased in 2015-16.

- **Benefits paid for insured services** - provided by physicians, optometrists, and dentists - amounted to $637.9 million, an increase of 4.6% on a per capita basis (Table 8) from the previous year. Over the last five years the cost of these benefits has grown on average by approximately 4.2% per year.

	2014-15 (000's)	2015-16 (000's)	Per Capita Change
Physicians	$598,176	$623,333	4.1 %
Optometrists	$9,409	$12,397	31.7 %
Dentists	$1,888	$2,157	14.2 %
Total	$609,474	$637,887	4.6 %

- **Number of insured services** - provided by physicians, optometrists, and dentists – totalled 13.0 million services, an increase of 4.5% on a per capita basis (Table 7) from the previous year. Over the last five years the number of services has grown on average by 2.9% per year.

	2014-15 (000's)	2015-16 (000's)	Per Capita Change
Physicians	12,189	12,627	3.5 %
Optometrists	231	356	53.9 %
Dentists	17	19	5.9 %
Total	12,438	13,002	4.5 %

- **Out-of-Province:** Payments for Saskatchewan beneficiaries receiving insured services (physician, dentists, optometrist and hospital) outside of Saskatchewan totalled $140.7 million up 26.9% from the previous year. Over the last five years, expenditure on out-of-province services has increased on average by 4.9% per year.
- **Cost of out of province residents receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and Out-of-Canada Beneficiaries) totalled $43.6 million (Table 12 & 14a) a decrease of 3.9%. Over the past five years, hospital and physician costs for non-Saskatchewan beneficiaries have increased on average by 3.8% per year.
- **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totaled $2.8M, a decrease of 32.0% from the previous year.

	2014-15	2015-16
Number of Patients	53	45
Practitioner Costs (000's)	$972	$613
Hospital Costs (000's)	$3,112	$2,163
Total Costs (000's)	$4,084	$2,773

Note: the number of patients receiving out-of-country services in a year may not equal the number of out-of-country prior approvals during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.

Physician Remuneration

- Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled $526.1 million in 2015-16 (see *Total Expenditures 2015-16*), an increase of 5.7% from 2014-15.
- Non-fee-for-service funding arrangements for physician services represent a large area of provincial health expenditures. In 2015-16, this sector accounted for $319.1 million, 37.1% of Saskatchewan Ministry of Health's total in-province services expenditures. The majority of non-fee-for-service expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (e.g. radiology, laboratory and emergency services).
- Average payment per physician is calculated based on total payments (includes payments and shadow billings) in a given year divided by the number of active physicians. In 2012-13 and 2013-14, payments for programs negotiated in the last Saskatchewan Medical Association agreement, including Family Physician Comprehensive Care, Metro On-Call, General Practitioner Specialist, Chronic Disease Management and Physician Compensation Quality Improvement Program, were included in the average payment calculation, which resulted in an over-statement of average payment for physicians - most notably General Practitioners. For example, the average program payment to a General Practitioner in 2013-14 totalled approximately $21,000. Since 2014-15, the methodology has been refined and program payments have been removed. This provides a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments pre and post 2014-15 should be done with caution.
- Average payments to active physicians vary by specialty (Table 25):

General Practitioners	$253,400
Specialists	$430,300
All Physicians	$334,700

(see "Active" definition - *Statistical Figures and Tables*)

- Bursaries are awarded and tracked by saskdocs. In 2015-16, saskdocs spent $2.4 million on 78 new and 104 continuing bursaries and grants.

Physician Supply

- Physician supply is measured in two ways: the number of active physicians (those billing more than $60,000 in the fiscal year) and the number of licensed physicians (the total number of those qualified to practice in the province at the end of the year). Information in this report is presented based on either active or licensed physician numbers in order to improve accuracy.
- **Licensed physicians:** (see "Licensed" definition - *Statistical Figures and Tables*) The number of licensed physicians on March 31, 2016 was 2,375, an increase of 6.8% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 4.1% per year.
- **Active physicians:** (see "Active" definition *Statistical Figures and Tables*) The number of active physicians on March 31, 2016 was 1,699, an increase of 2.8% from the previous year. Over the past five years, the number of active physicians has increased on average by 3.9% per year.
- The number of **active rural general practitioners (GP)** has grown to 257 at March 31, 2016, an increase of 6 physicians or 2.4% from the previous year. Since March 2011 the number of active rural GPs has increased on average by 4.2% per year (Table 24)
- The number of **active GPs in metro areas** (Regina and Saskatoon) has grown to 450, an increase of 16 physicians or 3.7% from the previous year. Since March 31, 2011 the number of active metro GPs has increased on average by 3.0% per year (Table 24).
- The number of **active GPs in other urban areas** has grown to 211, an increase of 3 physicians or 1.4% from the previous year. Since March 31, 2011 the number of active urban GPs has increased on average by 3.9% per year (Table 24).
- The number of **active specialists** has grown to 781, an increase of 22 physicians or 2.9% from the previous year. Since March 31, 2011 the number of specialists has increased on average by 4.4% per year (Table 24).
- **Turnover/Change of Practice:** Each year physicians relocate to and from Saskatchewan, as well as move within the province or change the nature of their practice. Turnover is calculated as the percentage increase or decrease from the active physicians

practicing at the end of the previous fiscal year compared to active physicians practicing at the end of the current year. Turnover reflects the percentage of physicians who have changed their practice from one year to the next; it does not reflect the percentage of physicians not retained. Turnover for all physicians has decreased by 3.1% from the previous year (Table 18).

	2014-15 Turnover	2015-16 Turnover
Rural GPs	17.9	16.5
Metro GPs	14.7	5.8
Urban GPs	14.9	12.9
All Physicians (incl. Specialists)	12.4	9.3

- Physician supply is affected by a number of initiatives and programs supported within the Medical Services Plan including the Saskatchewan International Physician Practice Assessment (SIPPA) program and an increase in the retention rate of University of Saskatchewan (U of S) family physicians. See Appendix for more information on recruitment and retention initiatives.

Educational Programs

- The Medical Services Branch supports the Medical Education System managed by the College of Medicine, with funding of $59.9 million in 2015-16 (including Clinical Services Fund and various bursaries). The Medical Education System covers the following areas:
  - Clinical Services Fund;
  - Programs and stipends such as the Academic Clinical Funding Plan, International Medical Graduates (IMGs), distributive medical education, student loan interest relief, JURSI (Junior Undergrad Rotating Student Internship) stipend and the Academic Health Sciences network; and,
  - 450 post-graduate medical resident positions, including distributed post graduate medical education in Prince Albert, Swift Current, La Ronge, Moose Jaw and North Battleford (see Table 33).

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of physician, optometrist, and dental services.

All residents of Saskatchewan, with a few exceptions (e.g. members of the Canadian Armed Forces and inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with Health Registration Services at eHealth. No premiums are levied.

Insured services are governed by *The Saskatchewan Medical Care Insurance Act*, and further defined in the respective Payment Schedules established under the Act.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of medical conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and,
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services includes:

- out-of-hospital x-ray services, including interpretation, provided by a specialist in radiology);
- an approved list of office-based laboratory services provided by a physician other than a pathologist; and,
- other diagnostic services provided by a physician.

Preventive Medical Services includes:

- Immunization services where not available through any government or regional health authority;
- examination and report for adoptions for both child and parents;
- examination and report for persons becoming foster parents; and,
- a routine physical examination by a physician.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry by optometrists is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- those with a diagnosis of diabetes; and,
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to once every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to once every 12 months;
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to once every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, is also insured. Effective October 1, 2014, an annual eye exam for patients diagnosed with diabetes is also insured along with select diagnostic tests.

Dental Services

Services in connection with maxillofacial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required to provide:

- heart surgery;
- services for chronic renal disease;
- head and neck cancer services; and,
- services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Dental implants are covered in exceptional circumstances:

- tumours – including benign and malignant; and,
- congenital – including cleft palate and metabolic.

For dental implants, the referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch of the Ministry of Health.

Chiropractic Services

The Medical Services Plan only provides coverage for chiropractic x-rays provided by a chiropractor. The total payments and number of these services are traditionally very low and, unless otherwise noted, have not been included in the data of this report. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are covered for a maximum of 12 chiropractic services per year.

Out-of-Province Services

Physician Services

Services provided by physicians in other provinces except Quebec, are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for publicly funded physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services Branch of the Ministry of Health. Emergency physician services obtained out-of-country are reimbursed at Saskatchewan rates.

Hospital Services

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement between provincial public health plans. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to $100 (Canadian) per day for in-patient services and up to $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Medical Services Branch of the Ministry of Health.

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Services Act;
- the cost of travel, accommodation and meals;
- advice by telephone except when provided by physicians to allied health personnel;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings/ requirements, vehicle seatbelt exemptions or at the request of a third party;
- autopsy;
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;
- services provided by chiropractors – except x-rays provided by chiropractors, and for those beneficiaries covered under the Supplementary Health Program, Family Health, or Seniors Income Plan;
- dentistry, except as described under Insured Services - Dental Services;
- drugs and dressings;
- appliances (e.g. eyeglasses, artificial limbs);
- routine eye examinations by physicians – coverage is limited to those beneficiaries who would be covered under the optometric program;
- electrolysis;
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- reversals of sterilization for the purposes of restoring fertility;
- implantation of penile prosthesis;
- removal of lesions for cosmetic purposes;
- injection of asymptomatic varicose veins;
- non-medically required circumcisions; and,
- breast screening mammographies for women 50 years of age and older (available and funded through the provincial Screening Program for Breast Cancer).

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards and the College of Medicine.

The Primary Health Services Branch provides global funding for the operation of four community clinics.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing patterns of practitioners. These committees are empowered to order the recovery of payments that have been inappropriately billed by practitioners (see Table 2).

Total Expenditures 2015-16

		Expenditures ($000's)	
In-Province Services			
Physician Fee-For-Service (FFS) Sub-Total			526,123
Physician Non-Fee-For-Service (Non-FFS)			
	Alternate Payment	51,445	
	[1,2]Primary Health Services	70,227	
	[1,2]Saskatchewan Cancer Agency	27,824	
	Medical Remuneration	169,638	
Physician Non-Fee-For-Service (Non-FFS) Sub-Total			319,134
Optometry Services Sub-Total			11,692
Dental Services Sub-Total			2,112
	Sub-Total: Payments for In-Province Services		**859,061**
Programs and Recruitment & Retention Initiatives			
General Practitioner			
	Family Physician Comprehensive Care Program and Metro On Call	14,100	
	Rural Emergency Coverage Programs	9,040	
	Regional Locum Program	3,878	
	Saskatchewan International Physician Practice Assessment (SIPPA)	2,473	
	Chronic Disease Management - Quality Improvement Program	2,899	
	General Practitioner Specialist	759	
	Rural Physician Incentive	491	
	Rural Practice Establishment Grants	700	
	Rural and Remote Incentives	1,944	
	Family Medicine Bursaries	450	
	Rural Practice Enhancement Training	46	
General Practitioner Sub-Total			36,780
Specialist			
	Specialist Emergency Coverage Programs (SECP)	31,114	
	Specialist Practice Establishment Grant	817	
	Specialist Resident Bursary Program	225	
	Specialist Rural & Remote Incentives	811	
	Specialist Physician Enhancement Training Bursary	147	
Specialist Sub-Total			33,114

Other			
	Canadian Medical Protective Agency (CMPA) Funding	12,404	
	Electronic Medical Records Program	6,700	
	Physician Retention Fund	7,200	
	Continuing Medical Education Program	4,400	
	Quality Access Fund	2,990	
	saskdocs	1,500	
	Parental Leave Program	700	
	Practice Enhancement Program	75	
Other Sub-Total			35,969
	Sub-Total: Programs and Recruitment & Retention Initiatives		**105,863**
Medical Education			
	Clinical Services Fund (College of Medicine)	55,998	
	Other Medical Education	3,890	
	Sub-Total: Medical Education		**59,888**
Other Provincial Payments and Administration			
	[3]Out-of-Province	136,358	
	Quality Assurance Diagnostic Imaging and Lab Programs	474	
	Dental Residency Grants	146	
	Administration	3,854	
	Sub-Total: Other Provincial Payments and Administration		**140,832**
	Total Expenditures		**1,165,644**

[1] Expenditures in these areas are managed by other Branches of the Ministry of Health.
[2] These expenditures include payments to physicians only.
[3] Includes physician, optometric and dental services, and hospital costs paid reciprocally for Saskatchewan beneficiaries.

Note: Ministry funding for physician services may not equal physician expenditures by RHAs.

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2015-16 on a fee-for-service and non-fee-for-service basis for medical, optometric and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes, all shadow-billing data is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2015-16 include some services provided in 2014-15. Fiscal years typically consist of 26 pay runs.

Payment Adjustments - The difference between payments shown in Total Expenditures 2015-16 and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements.

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully licensed by the College of Physicians and Surgeons of Saskatchewan, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Any such payments, whether included or excluded from the data tables, are included in the Total Expenditures 2015-16.

Optometric Services under Supplementary Health - For statistical purposes optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10, 15 and Figure 2)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

(a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and requires a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.

(c) **Other Assessments** - Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counselling** - Includes treatment interview, group therapy, and counselling (including healthy lifestyle/ health education counselling).

(e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits, covered by a composite payment such as hospital care following surgery, are not included.

(f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category.

(l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** – Includes medical examinations for adoptions, for rape victims, for follow-up cancer reports; examinations and certifications of mental health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice by physicians to allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing, diabetic eye exams and assessments of ocular urgencies and emergencies when provided by an optometrist. Optical coherence tomography and retinal photography are also insured for individuals with a diagnosis of diabetes.

(q) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures. Includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. **Physicians**

(a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. This includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** - A general practitioner who practises in Regina, Saskatoon, or a recognized bedroom community.

(ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** - A general practitioner who maintains patients' medical records with one or more physicians.

(v) **Solo** - A general practitioner who is not working in association with another physician.

(b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan is eligible to receive MSP payments at specialist rates. As of April 1, 2004, a foreign certified physician is eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services. **Note:** Within the tables select specialist categories are combined due to confidentiality.

II. **Optometrist** - A practitioner registered with the Saskatchewan Association of Optometrists.

III. **Dentist** - A practitioner registered with the College of Dental Surgeons of Saskatchewan.

Notes:

Definition of a Licensed Physician – Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

Definition of Active Physician – Licensed physicians receiving $60,000 or more in MSP payments (or shadow billings) during the year and practising in Saskatchewan under MSP coverage at the end of the year. Data captured for physicians participating in non-fee-for-service arrangements may not be complete. General Practitioners are categorized in the location group in which they earned the most income if they practised in various clinics or areas throughout the year.

Table 1

Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services[1] (000's)	Total Per Cent Change In Per Capita Costs[2]	Per Cent Change Due to Fee Schedule Increases[4]	Per Cent Change Due to Utilization Increases[5]
2011-12	539,691	2.28	1.34	0.93
2012-13	571,711	5.27	2.93	2.27
2013-14	590,150	0.32	0.00	0.32
2014-15	609,474	1.01	0.00	1.01
2015-16[3]	637,221	4.49	0.96	3.49
Average Annual Per Cent Change 2011-12 to 2015-16	4.25	2.77	0.97	1.77

[1] All physician, optometric and dental insured services are included. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.
[2] Current year cost per capita figures have been adjusted for program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs compares the adjusted per capita payments from one year to the next.
[3] Lump sum payments in lieu of retroactive amendments to Payment Schedules made to physicians are excluded.
[4] Fee schedule increases are based on theoretical values of fee and new items increases.
[5] The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

Table 2

Adjustments and Recoveries by the Medical Services Plan

	2014-15		2015-16	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Adjustments on In-Province Claims[1]	2,292	8,828.9	2,390	10,885.4
Routine Adjustments on Out-of-Province Claims[1]	–	2,008.9	–	1,948.2
Special MSP Studies and Professional Review Activity[2]	9	506.5	11	510.6
Third Party Liability Recoveries[3]	–	3,534.5	–	3,740.5
Total	–	**14,878.9**	–	**17,084.7**

[1] All physician, optometric and dental insured services are included.
[2] The dollar amounts are recoveries resulting from the correction of payments as revealed by the Professional Review Committees, general overpayment corrections or bankruptcies. The total may include funds paid in this fiscal year but requested in a previous year.
[3] The dollar amounts are recoveries from the cost of health services collected under the authority of *The Health Administration Act*.

Table 3

Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid 2014-15	Number of Claims Paid 2015-16	Per Cent of Claims Paid 2014-15	Per Cent of Claims Paid 2015-16
Physicians, Dentist & Dental Surgeons	**8,286,640**	**8,614,512**	**97.74**	**97.30**
In-Province Claims[1]	7,980,620	8,299,594	94.13	93.75
Out-of-Province Reciprocal Billing[2]	304,287	313,528	3.59	3.54
Other Out-of-Province	1,733	1,390	0.02	0.02
Optometrists[3]	**189,539**	**236,649**	**2.24**	**2.67**
In-Province Claims	188,314	235,361	2.22	2.66
Out-of-Province	1,225	1,288	0.01	0.01
Beneficiaries[4]	**2,308**	**2,196**	**0.03**	**0.02**
Total	**8,478,487**	**8,853,357**	**100.00**	**100.00**

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. includes claims for insured dental services and for SGI driver medicals and visual exams.
[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.
[3] Includes claims for optometrist services covered by the Supplementary Health Program.
[4] Payments made directly to beneficiaries for claims.

Note: See "Data Limitations" in *Statistical Figures and Tables*.

Table 4

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2015		Rate Per 1,000 Beneficiaries			
			Services		Payments (000's)	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	7,631	7,398	14,961	12,219	901,580	694,420
1 - 4	31,509	30,037	6,630	5,783	351,571	299,023
5 - 14	73,991	70,885	4,334	4,185	185,138	175,509
15 - 24	76,831	73,501	4,319	8,595	204,783	417,733
25 - 44	162,726	155,524	5,693	12,300	265,080	634,353
45 - 64	147,676	143,983	10,844	13,437	535,599	636,939
65 and over	75,891	90,861	24,495	24,478	1,236,347	1,139,824
All Beneficiaries	**576,255**	**572,189**	**9,306**	**12,696**	**457,172**	**609,444**
B. Optometrists						
Under 1	7,631	7,398	42	43	2,263	2,335
1 - 4	31,509	30,037	227	234	12,143	12,582
5 - 14	73,991	70,885	505	543	27,316	29,423
15 - 24	76,831	73,501	175	239	8,468	11,323
25 - 44	162,726	155,524	94	148	2,652	4,293
45 - 64	147,676	143,983	300	334	7,410	8,646
65 and over	75,891	90,861	646	603	15,571	15,328
All Beneficiaries	**576,255**	**572,189**	**290**	**331**	**10,029**	**11,567**
C. Dentists						
Under 1	7,631	7,398	3	2	532	251
1 - 4	31,509	30,037	–	–	22	14
5 - 14	73,991	70,885	12	14	806	749
15 - 24	76,831	73,501	23	27	4,580	4,319
25 - 44	162,726	155,524	12	16	1,390	1,687
45 - 64	147,676	143,983	18	24	1,702	2,651
65 and over	75,891	90,861	17	15	1,547	1,423
All Beneficiaries	**576,255**	**572,189**	**15**	**18**	**1,755**	**2,003**

Notes:

1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program. Effective Oct. 1/14 coverage of an annual eye exam for the management of diabetic patients is included in this total.
4) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.
5) See "Data Limitations" in *Statistical Figures and Tables*.

Table 5

Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2014-15 Number of Beneficiaries[1]	2014-15 % of Beneficiaries	2014-15 % of Payments	2014-15 % of Services	2015-16 Number of Beneficiaries[1]	2015-16 % of Beneficiaries	2015-16 % of Payments	2015-16 % of Services
A. Physicians Only								
$0.00	205,193	17.9	–	<0.1	193,007	16.8	–	<0.1
$0.01 - $25.00	10,594	0.9	–	0.1	10,165	0.9	–	0.1
$25.01 - $50.00	103,561	9.0	0.6	1.0	102,645	8.9	0.6	0.9
$50.01 - $100.00	118,508	10.3	1.6	2.3	107,712	9.4	1.3	1.9
$100.01 - $250.00	228,577	19.9	6.5	9.1	238,611	20.8	6.4	8.9
$250.01 - $500.00	183,000	15.9	11.1	14.2	186,514	16.2	10.9	13.9
$500.01 - $1,000.00	144,516	12.6	17.2	19.4	149,626	13.0	17.1	19.4
$1,000.01 - $1,500.00	56,636	4.9	11.7	12.3	59,337	5.2	11.8	12.4
$1,500.01 - $2,000.00	32,158	2.8	9.4	8.8	33,280	2.9	9.4	8.8
$2,000.01 - $5,000.00	54,711	4.8	27.1	22.3	56,427	4.9	26.9	22.4
Over $5,000.00	10,279	0.9	14.7	10.5	11,120	1.0	15.6	11.3
Total	**1,147,733**	**100.0**	**100.0**	**100.0**	**1,148,444**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$0.00	1,002,865	87.4	–	<0.1	980,047	85.3	–	<0.1
$0.01 - $25.00	15	–	–	–	65	–	–	–
$25.01 - $50.00	15,701	1.4	7.3	6.9	8,039	0.7	2.8	2.5
Over $50.00	129,152	11.3	92.7	93.1	160,292	14.0	97.2	97.4
Total	**1,147,733**	**100.0**	**100.0**	**100.0**	**1,148,444**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes:

1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 6

Physician Services and Payments by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment ($)
		Insured[1]	Treated[2]	Treated	Services	Cost ($)	Services	Cost ($)	Per Service
Under 1	M	7,631	8,919	100.00	14.96	901.58	12.80	771.38	60.26
	F	7,398	8,719	100.00	12.22	694.42	10.37	589.21	56.83
	T	15,029	17,638	100.00	13.61	799.61	11.60	681.33	58.75
1 - 4	M	31,509	27,206	86.34	6.63	351.57	7.68	407.18	53.03
	F	30,037	25,800	85.89	5.78	299.02	6.73	348.13	51.70
	T	61,546	53,006	86.12	6.22	325.93	7.22	378.44	52.43
5 - 9	M	38,778	29,099	75.04	4.56	196.27	6.08	261.55	43.01
	F	37,225	27,786	74.64	4.25	178.83	5.69	239.58	42.12
	T	76,003	56,885	74.85	4.41	187.73	5.89	250.82	42.59
10 - 14	M	35,213	24,208	68.75	4.08	172.88	5.94	251.48	42.35
	F	33,660	23,493	69.80	4.12	171.83	5.90	246.20	41.73
	T	68,873	47,701	69.26	4.10	172.37	5.92	248.88	42.04
15 - 19	M	36,366	24,586	67.61	4.30	204.59	6.36	302.62	47.60
	F	34,805	28,045	80.58	7.08	331.59	8.79	411.51	46.83
	T	71,171	52,631	73.95	5.66	266.70	7.65	360.64	47.13
20 - 24	M	40,465	25,854	63.89	4.34	204.95	6.79	320.78	47.24
	F	38,696	33,669	87.01	9.96	495.22	11.45	569.16	49.73
	T	79,161	59,523	75.19	7.09	346.84	9.42	461.27	48.95
25 - 29	M	44,832	29,257	65.26	4.51	207.39	6.90	317.79	46.02
	F	42,620	37,984	89.12	12.43	668.93	13.95	750.58	53.80
	T	87,452	67,241	76.89	8.37	432.32	10.89	562.27	51.65
30 - 34	M	43,224	30,197	69.86	5.40	249.01	7.73	356.43	46.09
	F	41,532	37,183	89.53	13.28	717.71	14.83	801.65	54.05
	T	84,756	67,380	79.50	9.26	478.68	11.65	602.12	51.68
35 - 39	M	39,073	28,457	72.83	6.23	293.30	8.55	402.71	47.08
	F	37,310	32,820	87.97	11.92	594.73	13.55	676.10	49.90
	T	76,383	61,277	80.22	9.01	440.54	11.23	549.14	48.90
40 - 44	M	35,597	26,371	74.08	6.95	326.28	9.38	440.43	46.94
	F	34,062	29,698	87.19	11.36	532.85	13.03	611.15	46.91
	T	69,659	56,069	80.49	9.11	427.29	11.31	530.85	46.92
45 - 49	M	34,697	26,345	75.93	8.14	382.64	10.71	503.94	47.03
	F	33,486	28,776	85.93	11.61	538.90	13.51	627.10	46.42
	T	68,183	55,121	80.84	9.84	459.38	12.17	568.24	46.68
50 - 54	M	40,337	31,775	78.77	9.43	455.72	11.97	578.51	48.32
	F	39,549	34,701	87.74	12.61	589.26	14.37	671.58	46.74
	T	79,886	66,476	83.21	11.00	521.83	13.22	627.09	47.42
55 - 59	M	39,185	32,981	84.17	11.68	583.17	13.88	692.87	49.93
	F	38,290	34,526	90.17	13.77	658.95	15.27	730.79	47.86
	T	77,475	67,507	87.13	12.71	620.62	14.59	712.26	48.82
60 - 64	M	33,457	30,388	90.83	14.38	734.82	15.83	809.04	51.11
	F	32,658	30,746	94.15	15.93	769.41	16.92	817.25	48.30
	T	66,115	61,134	92.47	15.14	751.91	16.38	813.17	49.65
65 - 69	M	25,555	24,328	95.20	18.46	992.88	19.39	1,042.96	53.78
	F	25,848	25,033	96.85	18.60	936.34	19.21	966.83	50.33
	T	51,403	49,361	96.03	18.53	964.45	19.30	1,004.35	52.04
70 - 74	M	17,869	17,234	96.45	22.39	1,180.35	23.21	1,223.84	52.73
	F	18,945	18,350	96.86	21.68	1,085.02	22.38	1,120.20	50.04
	T	36,814	35,584	96.66	22.02	1,131.29	22.78	1,170.40	51.37
75 & Over	M	32,467	33,825	100.00	30.41	1,458.80	29.18	1,400.23	47.98
	F	46,068	47,548	100.00	28.92	1,276.53	28.02	1,236.80	44.14
	T	78,535	81,373	100.00	29.54	1,351.88	28.51	1,304.73	45.77
Total all ages	**M**	**576,255**	**451,030**	**78.27**	**9.31**	**457.17**	**11.89**	**584.10**	**49.13**
	F	**572,189**	**504,877**	**88.24**	**12.70**	**613.77**	**14.39**	**695.60**	**48.35**
	T	**1,148,444**	**955,907**	**83.23**	**10.99**	**535.20**	**13.21**	**642.99**	**48.68**

[1] Population as at June 30, 2015.

[2] Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs.
2) Includes out-of-province services and costs.

Table 7

Services by Type of Service

Type of Service[1]	Number of Services (000's) 2014-15	Number of Services (000's) 2015-16	Number of Services Per 1,000 Beneficiaries 2014-15	Number of Services Per 1,000 Beneficiaries 2015-16	Per Cent Change 2014-15 to 2015-16
In-Province Physician Services	**11,465.3**	**11,865.7**	**9,990**	**10,332**	**3.43**
Consultations	530.5	547.5	462	477	3.14
Major Assessments	511.2	538.3	445	469	5.24
Other Assessments	4,097.1	4,227.8	3,570	3,681	3.13
Psychotherapy	407.9	412.8	355	359	1.15
Total Visit Services	**5,546.7**	**5,726.5**	**4,833**	**4,986**	**3.18**
Hospital Care	645.0	663.3	562	578	2.78
Special Calls and Emergency	257.9	253.7	225	221	-1.70
Major Surgery	140.8	141.8	123	123	0.65
Minor Surgery	229.4	256.8	200	224	11.84
Surgical Assistance	162.2	161.8	141	141	-0.32
Obstetrics	30.2	31.0	26	27	2.60
Anaesthesia	777.6	776.3	678	676	-0.23
Total Surgical Services	**1,340.2**	**1,367.6**	**1,168**	**1,191**	**1.98**
Diagnostic Radiology	258.7	269.5	225	235	4.13
Laboratory Services	313.7	316.8	273	276	0.95
Other Diagnostic and Therapeutic Services	2,050.9	2,181.5	1,787	1,900	6.30
Special and Miscellaneous Services	1,052.2	1,086.7	917	946	3.21
Total Diagnostic Services	**3,675.5**	**3,854.5**	**3,202**	**3,356**	**4.81**
In-Province Dental Services	**17.3**	**18.8**	**15**	**16**	**8.59**
In-Province Optometric Services	**227.0**	**348.8**	**198**	**304**	**53.57**
Refractions by Optometrists	104.5	109.1	91	95	4.30
Other Optometric Services	122.5	239.8	107	209	95.60
Out-of-Province Services					
Physician Services	723.6	760.7	630	662	5.05
Dental Services	0.1	0.1	–	–	–
Optometric Services	4.8	7.3	4	6	53.16
All Services	**12,438.1**	**13,001.4**	**10,837**	**11,321**	**4.46**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describes inclusions in these classifications.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 8

Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 2014-15	Dollar Payments (000's) 2015-16	Dollar Payments Per 1,000 Beneficiaries 2014-15	Dollar Payments Per 1,000 Beneficiaries 2015-16	Per Cent Change 2014-15 to 2015-16
In-Province Physician Services	**559,659**	**582,148**	**487,621**	**506,902**	**3.95**
Consultations	68,251	70,890	59,466	61,727	**3.80**
Major Assessments	32,191	33,992	28,048	29,599	**5.53**
Other Assessments	159,662	166,333	139,110	144,833	**4.11**
Psychotherapy	18,565	19,417	16,176	16,907	**4.52**
Total Visit Services	**278,670**	**290,632**	**242,800**	**253,066**	**4.23**
Hospital Care	**19,938**	**20,694**	**17,372**	**18,019**	3.73
Special Calls and Emergency	**11,226**	**11,156**	**9,781**	**9,714**	-0.69
Major Surgery	55,382	55,839	48,253	48,621	**0.76**
Minor Surgery	8,410	9,012	7,328	7,847	**7.09**
Surgical Assistance	13,518	14,027	11,778	12,214	**3.70**
Obstetrics	14,696	14,902	12,804	12,976	**1.34**
Anaesthesia	38,429	38,820	33,483	33,802	**0.95**
Total Surgical Services	**130,435**	**132,600**	**113,646**	**115,460**	**1.60**
Diagnostic Radiology	13,141	13,742	11,449	11,965	**4.51**
Laboratory Services	1,442	1,499	1,256	1,305	**3.90**
Other Diagnostic and Therapeutic Services	84,080	89,945	73,257	78,319	**6.91**
Special and Miscellaneous Services[2]	20,727	21,882	18,059	19,053	**5.51**
Total Diagnostic Services	**119,389**	**127,067**	**104,022**	**110,642**	**6.36**
In-Province Dental Services	**1,871**	**2,146**	**1,630**	**1,869**	**14.66**
In-Province Optometric Services	**9,178**	**12,090**	**7,997**	**10,528**	**31.65**
Refractions by Optometrists	5,733	6,153	4,995	5,358	**7.26**
Other Optometric Services	3,445	5,937	3,001	5,170	**72.24**
Out-of-Province Services					
Physician Services	38,518	41,185	33,560	35,862	**6.86**
Dental Services	18	11	15	10	**-35.75**
Optometric Services	231	307	201	267	**32.67**
All Services	**609,474**	**637,889**	**531,024**	**555,437**	**4.60**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.
[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian Funds.
3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 9

Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2014-15 General Practitioners ($)	2014-15 Specialists ($)	2014-15 All Practitioners ($)	2015-16 General Practitioners ($)	2015-16 Specialists ($)	2015-16 All Practitioners ($)
In-Province Physician Services	**34.03**	**67.40**	**48.11**	**34.34**	**66.84**	**48.33**
Consultations	82.40	131.07	128.65	83.37	131.91	129.48
Major Assessments	59.77	84.43	62.97	59.82	85.86	63.15
Other Assessments	36.98	52.65	38.97	37.22	53.43	39.37
Psychotherapy	38.24	58.94	45.52	39.07	58.15	47.03
Average Of Visit Services	**39.78**	**90.80**	**50.62**	**40.07**	**91.11**	**51.05**
Hospital Care	**30.09**	**31.74**	**30.91**	**30.49**	**31.91**	**31.20**
Special Calls and Emergency	**42.35**	**45.23**	**43.52**	**42.79**	**45.72**	**43.97**
Major Surgery	255.41	398.11	393.01	253.88	398.97	393.78
Minor Surgery	18.89	74.21	36.66	18.55	66.23	35.10
Surgical Assistance	73.12	153.22	83.33	74.57	147.43	86.70
Obstetrics	567.19	450.88	486.85	547.82	450.02	480.85
Anaesthesia	44.63	49.98	49.42	44.68	50.62	50.01
Average Of Surgical Services	**59.79**	**112.91**	**97.31**	**58.82**	**112.61**	**96.96**
Diagnostic Radiology	–	50.80	50.80	–	50.98	50.98
Laboratory Services	4.49	6.20	4.60	4.63	6.31	4.73
Other Diagnostic and Therapeutic Services	15.14	46.10	41.00	15.64	45.93	41.23
Special and Miscellaneous Services[2]	10.40	16.87	11.82	10.62	16.97	12.14
Average Of Diagnostic Services	**10.42**	**43.25**	**30.27**	**10.56**	**43.04**	**30.71**
In-Province Dental Services	–	–	**104.27**	–	–	**114.29**
In-Province Optometric Services	–	–	**40.61**	–	–	**34.66**
Refractions by Optometrists	–	–	55.39	–	–	56.42
Other Optometric Services	–	–	28.12	–	–	24.76
Out-of-Province Services						
Physician Services	48.65	55.30	53.23	50.43	55.62	54.09
Dental Services	–	–	283.12	–	–	158.93
Optometric Services	–	–	48.55	–	–	42.16
All Services	**34.51**	**66.27**	**48.34**	**34.85**	**65.78**	**48.39**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.
[2] Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Select values for 2014-15 include emergency coverage program payments and have now been re-stated to align with current methodologies.
3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 10

Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	2014-15	2015-16	2014-15	2015-16
In-Province Physician Services	**92.18**	**91.26**	**91.83**	**91.26**
Consultations	4.27	4.21	11.20	11.11
Major Assessments	4.11	4.14	5.28	5.33
Other Assessments	32.94	32.52	26.20	26.08
Psychotherapy	3.28	3.18	3.05	3.04
	44.59	**44.05**	**45.72**	**45.56**
Hospital Care	**5.19**	**5.10**	**3.27**	**3.24**
Special Calls and Emergency	**2.07**	**1.95**	**1.84**	**1.75**
Major Surgery	1.13	1.09	9.09	8.75
Minor Surgery	1.84	1.97	1.38	1.41
Surgical Assistance	1.30	1.24	2.22	2.20
Obstetrics	0.24	0.24	2.41	2.34
Anaesthesia	6.25	5.97	6.31	6.09
	10.78	**10.52**	**21.40**	**20.79**
Diagnostic Radiology	2.08	2.07	2.16	2.15
Laboratory Services	2.52	2.44	0.24	0.23
Other Diagnostic and Therapeutic Services	16.49	16.78	13.80	14.10
Special and Miscellaneous Services[2]	8.46	8.36	3.40	3.43
	29.55	**29.65**	**19.59**	**19.92**
In-Province Dental Services	**0.14**	**0.14**	**0.31**	**0.34**
In-Province Optometric Services	**1.83**	**2.68**	**1.51**	**1.90**
Refractions by Optometrists	0.84	0.84	0.94	0.96
Other Optometric Services	0.98	1.84	0.57	0.93
Out-of-Province Services				
Physician Services	5.82	5.85	6.32	6.46
Dental Services	–	–	–	–
Optometrist Services	0.04	0.06	0.04	0.05
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings", in Statistical Figures and Tables describe inclusions in these classifications.
[2] Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 11

Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**11,302.0**	**107.1**	**22.2**	**454.0**	**1,269.4**	**8,246.3**	**1,061.4**	**106.2**	**35.4**
Specialists									
Paediatricians and Medical Geneticists	2,223.1	17.7	3.6	41.7	49.4	2,067.8	31.2	11.4	0.2
Internists and Physiatrists	3,543.0	12.1	10.6	135.8	295.4	2,819.3	166.1	96.9	6.7
Neurologists	299.1	1.4	0.7	8.5	43.7	222.3	16.7	5.9	0.0
Psychiatrists	1,337.0	14.5	8.6	69.6	38.2	1,076.6	129.3	0.1	0.0
Dermatologists	244.9	23.1	0.3	5.0	24.8	185.5	5.5	0.7	0.1
Anaesthetists	3,380.2	8.9	10.2	146.1	195.5	2,862.9	124.9	29.5	2.3
General and Thoracic Surgeons	3,622.9	5.1	12.9	69.8	344.7	3,066.5	89.8	31.2	2.9
Orthopaedic Surgeons	1,316.0	5.5	5.5	58.9	152.5	989.5	87.3	13.7	3.2
Plastic and Reconstructive Surgeons	534.3	2.8	0.2	18.2	18.5	478.6	14.6	1.0	0.5
Neurological Surgeons	281.1	3.1	0.1	18.8	46.1	169.6	30.2	13.1	–
Obstetricians and Gynaecologists	1,042.8	9.6	0.5	74.7	217.0	690.8	47.3	2.0	0.9
Urological Surgeons	376.1	2.6	0.3	16.0	33.4	289.3	31.8	2.4	0.2
Ophthalmologists	947.1	1.9	1.2	31.9	60.0	800.6	47.4	3.9	0.2
Otolaryngologists	854.5	1.2	0.2	9.6	37.8	783.8	20.2	1.5	0.1
Pathologists	5,041.8	8.8	0.6	59.7	20.2	4,788.7	160.2	3.2	0.4
Diagnostic Radiologists	4,373.8	14.1	0.5	69.3	301.3	3,936.1	48.5	3.8	0.2
US Services with Prior Approval	**616.7**	–	–	–	–	–	–	**616.7**	–
All Physicians	**41,336.4**	**239.5**	**78.2**	**1,287.5**	**3,148.0**	**33,474.2**	**2,112.3**	**943.3**	**53.3**
Dentists	11.3	–	0.2	–	1.1	8.6	0.6	0.8	–
Optometrists	306.9	–	–	0.1	39.1	267.3	–	0.4	–

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" in *Medical Services Plan Coverage Benefits*.
3) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian funds.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 12

Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	All Locations	Home Province or Territory of Beneficiary										
		Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners	**4,701.2**	**38.3**	**22.3**	**69.9**	**56.3**	**503.5**	**1,186.9**	**2,263.4**	**512.2**	**20.4**	**16.4**	**11.6**
Specialists												
Paediatricians and Medical Geneticists	460.7	0.2	1.1	1.4	0.3	12.0	65.7	361.8	12.9	1.3	0.2	3.8
Internists and Physiatrists	824.9	4.3	3.2	13.2	3.1	73.9	169.1	468.7	83.5	2.7	2.6	0.4
Neurologists	79.0	0.5	0.0	2.2	0.3	9.1	20.5	34.4	11.6	0.2	0.2	0.0
Cardiologists	348.0	7.0	1.6	6.4	2.0	35.6	132.7	125.4	35.1	0.3	1.8	0.2
Psychiatrists	308.8	4.6	2.7	5.3	4.3	55.3	53.4	120.3	53.1	4.2	1.4	4.3
Dermatologists	22.0	0.1	0.3	0.3	0.2	3.4	6.9	7.4	3.2	0.1	0.0	0.0
Anaesthetists	1,013.8	1.8	3.1	9.6	7.3	75.8	206.4	640.2	61.5	2.9	3.2	2.0
General Surgeons	830.7	4.1	2.3	8.5	4.8	50.1	147.2	575.7	35.9	0.6	0.2	1.2
Cardiac Surgeons	82.8	0.0	0.0	0.2	0.0	12.0	38.4	19.7	12.5	0.0	0.0	0.0
Orthopaedic Surgeons	578.4	0.3	3.6	2.5	4.0	54.6	102.6	351.8	50.4	4.2	4.0	0.3
Plastic and Reconstructive Surgeons	98.5	0.4	0.2	2.1	2.2	12.0	20.4	48.9	10.4	1.3	0.6	0.0
Neurological Surgeons	322.9	0.1	0.0	8.5	3.8	37.9	38.1	219.4	14.9	0.1	0.0	0.0
Obstetricians and Gynaecologists	693.2	0.9	0.7	7.7	4.4	39.6	262.4	341.8	26.3	2.7	2.5	4.2
Urological Surgeons	145.5	1.6	0.0	1.4	1.1	12.3	74.6	38.8	15.3	0.3	0.1	0.0
Ophthalmologists	740.3	1.3	0.0	3.5	3.8	18.6	339.5	352.3	19.8	0.7	0.7	0.1
Otolaryngologists	205.2	0.1	0.1	1.9	2.1	7.4	60.0	120.6	11.7	0.4	0.4	0.3
Pathologists	536.0	4.1	1.7	9.1	7.8	100.9	75.5	251.5	77.5	1.9	4.0	2.0
Diagnostic Radiologists	407.5	3.9	1.1	6.4	5.8	66.6	78.7	184.1	54.5	2.3	2.1	2.0
All Physicians	**12,399.3**	**73.5**	**44.1**	**160.1**	**113.6**	**1,180.7**	**3,079.0**	**6,526.2**	**1,102.4**	**46.7**	**40.5**	**32.5**

Notes:

1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" in *Medical Services Plan Coverage Benefits*.
2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan Physician Payment Schedule rates.
3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 13a

Payments ($000's) for Out-of-Province Hospital Services By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Cochlear Implant	**77.3**	–	–	–	–	–	–	77.3	–
Bone Marrow/Stem Cell Transplant	**2,423.4**	–	–	233.5	496.2	1693.7	–	–	–
Out-of-Country	**1,096.6**	–	–	–	–	–	–	1,087.7	8.9
Defibrillator Pacemaker Implantation	**1,859.8**	–	–	–	–	1828.9	30.9	–	–
Liver Transplant	**1,529.3**	–	–	–	–	1529.3	–	–	–
Heart or Heart and Lung Transplant	**614.1**	–	–	–	–	614.1	–	–	–
Aortic Valve	**143.9**	–	–	–	–	110.2	33.7	–	–
Ventricular Assist Device	**199.0**	–	–	–	–	199.0	–	–	–
Lung Transplant	**1,198.0**	–	–	–	–	1198.0	–	–	–
Kidney or Kidney and Pancreas Transplant	**146.1**	–	–	–	33.9	112.2	–	–	–
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**1,563.2**	–	2.2	27.6	32.6	1,470.7	15.4	9.6	5.2
II. Neoplasms	**3,986.8**	14.2	–	204.2	184.3	3,482.8	100.3	1.0	–
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**1,217.8**	–	20.8	24.5	142.6	851.9	176.0	1.7	0.2
IV. Diseases of Blood & Blood-Forming Organs	**378.6**	–	–	2.4	7.6	313.7	53.7	1.3	–
V. Mental Disorders	**3,362.0**	99.6	27.0	161.6	204.6	2,549.0	319.7	0.6	–
VI. Diseases of Nervous System & Sense Organs	**933.6**	–	–	85.9	28.6	751.6	67.0	0.3	0.3
VII. Diseases of the Circulatory System	**8,076.5**	44.6	–	252.3	267.8	6,967.5	519.2	20.1	5.1
VIII. Diseases of the Respiratory System	**4,531.0**	115.5	–	251.0	216.1	3,743.2	190.3	8.5	6.5
IX. Diseases of the Digestive System	**3,840.3**	39.3	82.6	160.1	232.7	2,965.6	333.0	19.1	8.0
X. Diseases of the Genitourinary System	**1,317.0**	12.0	2.8	160.1	83.1	967.7	82.6	3.2	5.4
XI. Complications of Pregnancy, Childbirth & the Puerperium	**1,524.4**	31.8	1.9	92.5	255.3	981.2	161.1	0.5	0.1
XII. Diseases of the Skin & Subcutaneous Tissue	**1,005.1**	–	–	25.6	59.9	900.5	17.7	0.9	0.6
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**1,440.7**	14.1	–	37.3	240.0	1,093.1	54.2	1.5	0.6
XIV. Congenital Anomalies	**11,042.1**	2.3	35.7	220.2	5.0	10,445.2	332.7	0.4	0.7
XV. Certain Conditions Originating in the Perinatal Period	**1,611.9**	85.1	0.8	56.9	91.7	1,303.9	72.5	–	1.0
XVI. Symptoms, Signs, & Ill-defined Conditions	**2,287.3**	62.1	14.9	43.1	693.1	1,259.6	207.4	3.2	3.8
XVII. Injury and Poisoning	**8,963.7**	41.1	25.5	356.6	252.5	7,632.7	640.1	7.8	7.3
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**2,768.6**	105.1	8.0	60.8	316.4	1,956.0	321.0	1.3	–
Outpatient Treatment									
Standard Outpatient Visit	**16,187.8**	391.5	122.5	905.4	1,804.4	11,283.2	1,615.8	43.5	21.6
Day Surgery	**2,845.8**	15.2	5.8	109.6	648.8	1,914.9	149.2	1.3	0.9
Haemodialysis	**1,743.6**	3.6	–	30.1	172.5	1,446.2	88.7	1.5	1.0
Computerized Axial Tomography (CAT Scan)	**1,731.2**	29.3	10.2	131.8	454.4	833.4	272.1	–	–
Magnetic Resonance Imaging (MRI)	**878.9**	1.4	4.1	43.4	226.2	580.8	23.0	–	–
Positron Emission Tomography (PET Scan)	**69.7**	–	–	–	10.0	57.0	2.8	–	–
Radiotherapy Services	**410.7**	–	–	44.8	77.0	246.0	42.9	–	–
Cancer Chemotherapy Visit	**985.7**	5.5	–	73.7	318.0	521.8	66.7	–	–
Gamma Knife Procedure	**748.0**	–	–	–	748.0	–	–	–	–
Brachytherapy	**740.7**	–	–	–	34.0	106.7	600.0	–	–
Out-of-Country	**1,056.2**	–	–	–	–	–	–	1,046.7	9.4
Other Outpatient Treatment	**2,478.0**	70.1	32.0	12.3	234.5	1,758.6	360.1	9.2	1.2
Total	**99,014.4**	**1,183.3**	**396.8**	**3,807.3**	**8,571.7**	**75,670.1**	**6,949.4**	**2,348.2**	**87.8**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
3) The majority of cochlear implants are performed in Saskatchewan as of 2013-14. The United States cost represents the cost of the device.
4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b

Number of Out-of-Province Hospital Cases by Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Cochlear Implant	**2**	–	–	–	–	–	–	2	–
Bone Marrow/Stem Cell Transplant	**10**	–	–	1	2	7	–	–	–
Out-of-Country	**7**	–	–	–	–	–	–	6	1
Defibrillator Pacemaker Implantation	**28**	–	–	–	–	25	3	–	–
Liver Transplant	**12**	–	–	–	–	12	–	–	–
Heart or Heart and Lung Transplant	**5**	–	–	–	–	5	–	–	–
Aortic Valve	**6**	–	–	–	–	4	2	–	–
Ventricular Assist Device	**5**	–	–	–	–	5	–	–	–
Lung Transplant	**6**	–	–	–	–	6	–	–	–
Kidney or Kidney and Pancreas Transplant	**4**	–	–	–	1	3	–	–	–
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**97**	–	1	4	5	49	5	15	18
II. Neoplasms	**303**	2	–	29	24	231	15	2	–
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**110**	–	3	5	7	71	16	6	2
IV. Diseases of Blood & Blood-Forming Organs	**31**	–	–	1	3	23	2	2	–
V. Mental Disorders	**241**	10	3	18	23	148	39	–	–
VI. Diseases of Nervous System & Sense Organs	**97**	–	–	11	7	62	12	3	2
VII. Diseases of the Circulatory System	**553**	6	–	28	28	356	67	55	13
VIII. Diseases of the Respiratory System	**333**	10	–	12	52	193	27	24	15
IX. Diseases of the Digestive System	**533**	13	3	48	52	284	60	41	32
X. Diseases of the Genitourinary System	**201**	3	1	13	17	125	22	10	10
XI. Complications of Pregnancy Childbirth & the Puerperium	**501**	9	1	41	97	321	30	1	1
XII. Diseases of the Skin & Subcutaneous Tissue	**61**	–	–	3	8	37	6	4	3
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**264**	1	–	8	73	165	10	4	3
XIV. Congenital Anomalies	**330**	1	4	12	5	288	17	1	2
XV. Certain Conditions Originating in the Perinatal Period	**117**	1	1	6	29	76	2	–	2
XVI. Symptoms, Signs, & Ill-defined Conditions	**293**	4	3	15	19	175	47	16	14
XVII. Injury and Poisoning	**600**	8	5	17	42	409	80	18	21
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**523**	5	2	20	97	364	34	1	–
Outpatient Treatment									
Standard Outpatient Visit	**54,663**	1,335	405	2,976	6,068	37,153	5,394	872	460
Day Surgery	**2,467**	15	5	94	557	1,643	131	13	9
Haemodialysis	**3,985**	8	–	67	398	3,263	200	29	20
Computerized Axial Tomography (CAT Scan)	**2,542**	43	15	189	690	1,206	399	–	–
Magnetic Resonance Imaging (MRI)	**1,302**	4	6	65	332	858	37	–	–
Positron Emission Tomography (PET Scan)	**46**	–	–	–	8	36	2	–	–
Radiotherapy Services	**1,059**	1	–	115	197	634	112	–	–
Cancer Chemotherapy Visit	**731**	4	–	54	240	383	50	–	–
Gamma Knife Procedure	**44**	–	–	–	44	–	–	–	–
Brachytherapy	**72**	–	–	–	7	17	48	–	–
Out-of-Country	**178**	–	–	–	–	–	–	173	5
Other Outpatient Treatment	**11,742**	477	69	32	1,489	7,489	2,186	–	–
Total	**84,104**	**1,960.0**	**527.0**	**3,884.0**	**10,621.0**	**56,126.0**	**9,055.0**	**1,298.0**	**633.0**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) The majority of cochlear implants are performed in Saskatchewan as of 2013-14. The devices are purchased from the United States.
3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
4) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a

Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Bone Marrow/Stem Cell Transplant	**61.7**	–	–	–	61.7	–	–
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	**303.5**	3.9	12.8	26.2	84.5	150.4	25.6
II. Neoplasms	**1,015.2**	31.8	–	184.1	312.3	417.0	70.1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**347.3**	17.7	5.5	73.0	158.1	62.2	30.9
IV. Diseases of Blood and Blood-Forming Organs	**56.1**	5.6	–	–	7.6	28.4	14.5
V. Mental Disorders	**2,818.0**	90.2	30.3	293.4	337.8	1,648.6	417.6
VI. Diseases of the Nervous System & Sense Organs	**656.1**	20.1	19.8	51.5	387.9	120.5	56.2
VII. Diseases of the Circulatory System	**2,897.9**	102.8	33.1	274.1	1,289.5	888.7	309.7
VIII. Diseases of the Respiratory System	**929.8**	33.9	6.45	157.1	259.9	292.2	180.2
IX. Diseases of the Digestive System	**1,489.1**	58.1	14.4	180.5	490.3	592.5	153.3
X. Diseases of the Genitourinary System	**444.2**	30.4	2.3	15.5	120.3	214.1	61.7
XI. Complications of Pregnancy, Childbirth & the Puerperium	**1,022.6**	39.7	–	80.9	437.6	433.0	31.4
XII. Diseases of the Skin and Subcutaneous Tissue	**136.7**	8.7	3.6	5.2	47.3	66.6	5.4
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**937.1**	22.6	–	45.6	329.1	402.2	137.7
XIV. Congenital Anomalies	**224.7**	2.8	–	75.1	95.2	51.6	–
XV. Certain Conditions Originating in the Perinatal Period	**998.0**	553.5	–	69.5	140.5	234.6	–
XVI. Symptoms, Signs, and Ill-defined Conditions	**1,002.2**	99.1	6.3	53.9	414.4	337.4	91.0
XVII. Injury and Poisoning	**2,577.2**	217.2	91.9	287.1	640.9	1,006.8	333.3
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**951.3**	4.4	7.9	65.1	221.5	404.3	248.2
Outpatient Treatment							
Standard Outpatient Visit	**9,124.9**	459.4	108.1	1,012.7	2,809.5	3,702.1	1,033.3
Day Surgery	**1,622.0**	37.3	10.5	94.5	742.9	650.6	86.3
Haemodialysis	**125.2**	1.8	–	5.0	31.8	52.0	34.6
Computerized Axial Tomography (CAT Scan)	**645.5**	43.6	12.0	92.6	144.5	253.8	99.1
Magnetic Resonance Imaging (MRI)	**195.8**	14.2	2.0	25.1	49.5	80.6	24.4
Radiotherapy Services	**107.8**	–	–	–	36.7	58.3	12.9
Cancer Chemotherapy Visit	**271.0**	–	–	1.4	118.0	96.9	54.7
Other Outpatient Treatment	**602.1**	36.9	3.8	70.1	122.0	287.0	82.3
Total	**31,563.3**	**1,935.6**	**370.8**	**3,239.1**	**9,891.2**	**12,532.3**	**3,594.2**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b

Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Bone Marrow/Stem Cell Transplant	**1**	–	–	–	1	–	–
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases							
I. Infectious & Parasitic Diseases	**37**	1	1	5	12	13	5
II. Neoplasms	**104**	5	–	12	51	29	7
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**54**	8	3	9	19	13	2
IV. Diseases of Blood and Blood-Forming Organs	**18**	2	–	–	5	10	1
V. Mental Disorders	**237**	16	4	25	25	134	33
VI. Diseases of the Nervous System & Sense Organs	**50**	4	1	8	17	13	7
VII. Diseases of the Circulatory System	**251**	17	4	29	90	81	30
VIII. Diseases of the Respiratory System	**165**	10	2	17	47	64	25
IX. Diseases of the Digestive System	**288**	19	6	29	90	111	33
X. Diseases of the Genitourinary System	**133**	8	2	8	48	51	16
XI. Complications of Pregnancy, Childbirth & the Puerperium	**272**	10	–	25	123	102	12
XII. Diseases of the Skin and Subcutaneous Tissue	**28**	2	1	1	12	10	2
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**123**	8	–	8	31	66	10
XIV. Congenital Anomalies	**22**	1	–	1	11	9	–
XV. Certain Conditions Originating in the Perinatal Period	**68**	5	–	3	37	23	–
XVI. Symptoms, Signs, and Ill-defined Conditions	**196**	20	3	17	71	61	24
XVII. Injury and Poisoning	**315**	13	5	37	75	141	44
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**212**	5	1	13	108	63	22
Outpatient Treatment							
Standard Outpatient Visit	**29,969**	1,565	365	3,321	9,217	12,115	3,386
Day Surgery	**1,395**	33	9	81	639	559	74
Haemodialysis	**278**	4	–	11	71	115	77
Computerized Axial Tomography (CAT Scan)	**930**	64	17	134	211	362	142
Magnetic Resonance Imaging (MRI)	**290**	22	3	37	73	119	36
Radiotherapy Services	**276**	–	–	–	94	149	33
Cancer Chemotherapy Visit	**201**	–	–	1	88	72	40
Other Outpatient Treatment	**3,901**	247	26	440	806	1,849	533
Total	**39,814**	**2,089**	**453**	**4,272**	**12,072**	**16,334**	**4,594**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15

In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000's)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations	27.4	30.9	114.9	21.5	31.6	13.5	16.5	59.3	2.9
Special Eye Examination	–	–	–	–	–	–	–	–	–
Major Assessments	469.5	10.9	4.9	0.8	0.8	4.8	3.1	2.1	–
Other Assessments	3,674.4	37.7	93.1	13.1	14.8	19.9	16.7	49.1	0.9
Hospital Care Days	333.5	36.5	208.2	13.5	25.0	12.3	–	21.4	0.2
Special Calls and Emergency									
Surcharges	144.9	3.7	21.4	3.1	4.1	3.8	0.2	9.9	1.1
Premiums	6.2	0.4	3.4	0.1	0.3	0.3	–	0.3	0.0
Psychotherapy									
Base Time[2]	151.6	0.1	0.2	–	–	86.1	0.1	–	–
Additional Time	88.9	0.0	0.1	–	–	81.1	0.1	–	–
Major Surgery	5.1	–	0.5	0.7	0.5	–	0.2	17.0	7.0
Minor Surgery	167.6	0.1	0.4	–	0.2	–	29.6	7.3	0.7
Surgical Assistance	134.8	–	0.8	–	0.3	–	–	6.6	0.9
Obstetrics	9.8	–	–	–	–	–	–	–	–
Anaesthesia									
Operative	73.1	–	–	–	–	–	–	–	–
Nerve Blocks and Epidurals	7.6	–	0.4	0.2	–	–	–	–	–
Diagnostic Radiology	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	297.5	0.1	–	–	–	–	0.2	–	–
Diagnostic Ultrasound	0.1	2.1	8.0	0.0	51.1	–	–	–	–
Other Diagnostic and Therapeutic Services	338.5	124.7	403.3	15.0	159.3	72.1	7.1	61.8	0.4
Special Services	121.5	0.1	0.1	–	–	–	1.6	10.9	–
Miscellaneous Services[3]	705.6	20.8	73.1	9.0	9.8	25.0	2.7	15.5	1.0
Total Services	**6,757.6**	**268.1**	**932.9**	**77.0**	**297.8**	**318.7**	**78.1**	**261.0**	**15.0**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describes inclusions in these classifications.
[2] Represents the number of instances these types of services were provided during the year.
[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel and the fee code for hospital discharge and documentation.

Note: Totals may not match other tables exactly due to rounding. See "Data Limitations" in *Statistical Figures and Tables*.

Table 15 (Continued)

In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000's)	Type of Physician									
	Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians and Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	**Total Services**
Visits										
Consultations	48.2	18.6	6.8	47.0	13.4	50.0	32.0	12.7	0.3	**547.5**
Special Eye Examination	–	–	–	–	–	0.3	–	–	–	**0.3**
Major Assessments	0.2	0.1	–	9.7	2.6	23.1	5.1	–	0.1	**538.0**
Other Assessments	61.4	15.8	4.6	93.6	9.7	94.9	23.0	5.2	–	**4,227.8**
Hospital Care Days	3.2	0.2	2.7	5.2	0.5	0.1	0.9	–	–	**663.3**
Special Calls and Emergency										
Surcharges	7.4	2.1	1.2	7.5	1.3	1.6	1.2	14.9	0.4	**229.4**
Premiums	–	–	–	–	–	–	–	13.3	–	**24.3**
Psychotherapy										
Base Time[2]	–	–	–	3.0	–	–	–	–	–	**241.0**
Additional Time	–	–	–	1.4	–	–	–	–	–	**171.6**
Major Surgery	31.5	10.1	8.2	7.6	5.9	36.9	10.7	–	0.1	**141.8**
Minor Surgery	2.0	9.0	0.2	1.5	2.2	30.5	5.2	–	0.2	**256.8**
Surgical Assistance	2.1	0.9	1.1	7.9	4.2	–	2.3	–	–	**161.7**
Obstetrics	–	–	–	21.2	–	–	–	–	–	**31.0**
Anaesthesia										
Operative	–	–	–	–	–	–	–	664.0	–	**737.1**
Nerve Blocks and Epidurals	0.5	–	0.0	0.2	0.0	–	–	29.1	1.1	**39.1**
Diagnostic Radiology	–	–	–	–	–	–	–	–	269.5	**269.5**
Pathology/Laboratory Services	–	–	–	19.0	–	–	–	–	–	**316.8**
Diagnostic Ultrasound	–	–	–	23.4	–	12.6	–	0.5	157.9	**255.7**
Other Diagnostic and Therapeutic Services	25.7	2.9	1.3	25.0	9.8	526.1	85.2	7.4	60.2	**1,925.8**
Special Services	–	0.4	–	16.6	0.1	–	–	–	–	**151.2**
Miscellaneous Services[3]	12.4	1.0	2.6	21.4	4.5	11.4	19.0	0.1	0.5	**935.4**
Total Services	**194.7**	**61.0**	**28.5**	**311.0**	**54.3**	**787.4**	**184.6**	**747.2**	**490.2**	**11,865.1**

Table 16

Selected In-Province Medical Procedures – Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2014-15 to 2015-16
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	465,888	166.92	11,037.87	405.67	1.85
Allergy Investigations and Hyposensitization Injections	217,118	6.93	386.31	189.05	3.03
Artificial Extra Corporeal Haemodialysis	98,177	0.99	4,322.96	85.49	1.16
Submission of Papanicolau Smear	84,983	139.09 [f]	2,437.36 [f]	148.52 [f]	-1.01
Optical Coherence Tomography	66,792	36.94	2,542.29	58.16	13.97
Psychological Testing	61,929	11.85	2,217.70	53.92	83.43
Removal of Cysts, Granulomata, Keratoses, Moles, etc.	35,996	24.28	1,702.35	31.34	9.83
Pulmonary Function Studies	34,140	17.47	1,344.57	29.73	12.59
Plantar Wart Excision or Fulguration	31,370	11.91	529.38	27.32	4.62
Colonoscopy	27,296	22.81	4,678.69	23.77	0.79
Arthrocentesis - Joint Injections	26,363	14.21	444.53	22.96	14.97
Upper GI Endoscopy	20,061	15.09	2,447.34	17.47	0.54
Delivery - Vaginal	10,675	18.41 [f]	16,780.49 [f]	18.66 [f]	-1.62
- Caesarean	3,222	5.62 [f]	4,999.65 [f]	5.63 [f]	0.37
Cataract Extraction	12,755	6.98	5,085.06	11.11	-7.17
Suturing of Wounds	12,416	9.98	866.93	10.81	5.74
Cystoscopy	9,746	6.91	874.26	8.49	6.51
Fractures, Open Surgical or Closed Reduction	6,356	4.64	2,740.71	5.53	5.29
Cardiac Catheterization	6,175	4.33	769.49	5.38	4.00
Coronary Angiography	6,115	4.53	1,010.35	5.32	-0.61
Angioplasty	4,799	2.02	1,923.30	4.18	0.86
Arthroscopy	4,794	3.96	558.57	4.17	1.16
Arthroplasty - Hip or Total Hip Replacement	1,912	1.58	1,550.75	1.66	-5.36
- Knee or Total Knee Replacement	2,570	2.03	1,868.87	2.24	-10.40
Electroencephalograms or Echoencephalograms	4,268	3.15	97.90	3.72	-5.24
Sigmoidoscopy	3,619	2.79	193.98	3.15	-3.06
Hernia Repair	3,448	2.70	1,316.83	3.00	-3.18
Gall Bladder or Other Biliary Tract Surgery	2,726	2.36	1,571.07	2.37	5.59
Vasectomy	2,116	3.67 [m]	979.95 [m]	3.67 [m]	-4.00
Therapeutic Abortion	1,967	3.23 [f]	596.07 [f]	3.44 [f]	9.49
Electroconvulsive Therapy	1,708	0.17	118.12	1.49	1.24
Dilatation and Curettage	1,400	2.34 [f]	452.95 [f]	2.45 [f]	5.64
Tonsillectomy (With or without Adenoidectomy	1,352	1.18	356.36	1.18	-7.39
Tubal Ligation	1,293	2.24 [f]	517.56 [f]	2.26 [f]	-16.70
Septoplasty or Submucous Resection	1,082	0.90	329.85	0.94	-4.48
Appendectomy	1,014	0.88	487.17	0.88	-2.84
Prostatectomy (With or Without Vasectomy)	912	1.56 [m]	1,492.95 [m]	1.58 [m]	7.18
Salpingectomy, Oophorectory &/or Ovarian Cystectomy	658	1.13	487.52	1.15	12.39
Coronary By-Pass	655	0.57	1,718.47	0.57	21.00
Genital Prolapse Repair	645	0.84 [f]	292.06 [f]	1.13 [f]	-21.50
Varicose Veins (Ligation)	607	0.25	87.50	0.53	-11.20
Hysterectomy - Abdominal	441	0.77 [f]	383.71 [f]	0.77 [f]	-9.86
- Vaginal	257	0.45 [f]	228.86 [f]	0.45 [f]	-18.40
Strabismus Operation	255	0.17	83.39	0.22	8.91
Peptic Ulcer Surgery	114	0.10	80.32	0.10	-14.30

[f] Rate per 1,000 female beneficiaries.
[m] Rate per 1,000 male beneficiaries.

Notes: Includes out-of-province services and costs.

Table 17

Selected In-Province Medical Conditions – Patients, Services and Payments

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
Diseases Affecting Genitourinary Tract	580 - 599, 788	400	78.7	16,839	349
Diabetes Mellitus	250	363	58	10,522	316
General Medical Examination - No Specific Diagnosis	V70	347	164.7	13,766	302
Hypertension	401 - 405	300	112.2	9,085	261
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	297	166.2	9,938	258
Psychoses	295 - 299	292	20.2	11,204	254
Chronic Sinusitis & Other Respiratory Symptoms	473 - 786	234	84.5	11,181	203
Ischaemic Heart Disease	410 - 414	180	26.5	12,307	157
Glaucoma	365	169	18.8	4,242	147
Neuroses	300	165	51.5	6,129	143
Arthritis	710 - 716	164	49.4	8,370	142
Rheumatic Disease	725 - 729	159	71.4	6,939	138
Cataract	366	147	15.7	8,355	128
Vertebrogenic Pain Syndrome	724	137	49.6	8,041	119
Cardiac Disrhythmias	427	126	24.1	5,602	110
Symptomatic Heart Disease	428 - 429	113	20.2	5,106	99
Asthma	493	110	33.8	2,764	95
Otitis Media	381 - 382	100	43.2	3,724	87
Eczema	690 - 692	93	45.8	2,822	81
Bronchitis	466, 490 - 491	82	49.3	2,832	71
Pneumonia	480 - 486	74	15.4	2,787	65
Chronic Airways Obstruction	496	71	13.6	2,623	62
Cellulitis and Abscess	681 - 682	66	24.5	2,394	58
Cerebrovascular Disease	430 - 438	60	6.9	2,692	53
Myxedema	244	60	29.3	1,674	52
Diarrheal Disease	009	59	28.1	2,414	51
Disorders of Menstruation	Z08[2] - 626	55	39.8 [f]	4,719 [f]	97 [f]
Anaemias	280 - 285	52	17	2,245	45
Hay Fever	477	51	7	457	45
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 - 616	36	29.6 [f]	2,350 [f]	63 [f]
Hyperkinetic Syndrome of Childhood (ADHD)	314	29	5.8	1,306	25
Migraine	346	26	12	1,025	23
Varicose Veins of Lower Extremity	454	21	4.3	682	18
Gastritis and Duodenitis	535	20	11.2	724	17
Menopausal Symptoms	627	18	16.5 [f]	1,217 [f]	31 [f]
Disorders of Functions of Stomach	536 - 537	17	9	695	14
Alcoholic Psychosis and Alcoholism	291 - 303	16	3.3	613	14
Multiple Sclerosis	340	14	2.2	487	12
Epilepsy	345	13	3.9	555	11
Influenza	487	12	8.8	365	10
Alzheimer's Disease and Other Cerebral Degenerations	331	11	1.7	462	10
Obesity	278	9	4.5	451	8
Ulcers of Duodenum and Stomach	531 - 534	6	2.7	299	5

[1] Ninth Revision International Classification of Diseases, 1977.
[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.
[f] Rate per 1,000 female beneficiaries.

Notes: MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

Table 18

Turnover* of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2010-11[1]	384		176		202	
		8.3		12.5		15.3
Still Practising in 2011-12[2]	352		154		171	
Practising in 2011-12[1]	404		178		194	
		7.2		3.4		17.5
Still Practising in 2012-13[2]	375		172		160	
Practising in 2012-13[1]	427		190		215	
		8.0		12.6		15.3
Still Practising in 2013-14[2]	393		166		182	
Practising in 2013-14[1]	430		201		234	
		14.7		14.9		17.9
Still Practising in 2014-15[2]	367		171		192	
Practising in 2014-15[1]	412		201		254	
		5.8		12.9		16.5
Still Practising in 2015-16	388		175		212	
Practising in 2015-16[1]	450		213		255	

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2010-11[1]	761		625		1,386	
		11.0		8.0		9.7
Still Practising in 2011-12[2]	677		575		1,252	
Practising in 2011-12[1]	776		651		1,427	
		8.9		5.8		7.5
Still Practising in 2012-13[2]	707		613		1,320	
Practising in 2012-13[1]	832		703		1,535	
		10.9		9.2		10.2
Still Practising in 2013-14[2]	741		638		1,379	
Practising in 2013-14[1]	865		694		1,559	
		15.6		8.5		12.4
Still Practising in 2014-15[2]	730		635		1,365	
Practising in 2014-15[1]	867		729		1,596	
		10.6		7.7		9.3
Still Practising in 2015-16[2]	775		673		1,448	
Practising in 2015-16[1]	918		781		1,699	

* Turnover includes physicians who have left the province, physicians who have moved to different communties within the province, physicians who did not meet the billing threshold and physicians who remain in the same location but have changed specialties. Turnover does not reflect the percentage of physicians not retained.

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes:

1) The net number of physicians who entered practice in 2015-16 was 251, the difference between "Practising" (1,699) and "Still Practising" (1,448).
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
3) All current recruitment and retention initiatives are outlined in the Appendix.
4) The table has been adjusted historically, as Lloydminster is now classified as a Urban Community.

Table 19

Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician[2] (000's)		Average Patient Contacts Per Physician[3] (000's)		Per Cent of Beneficiaries Treated	
	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
General Practitioner[4]	**893**	**918**	**1.3**	**1.3**	**2.1**	**2.1**	**5.0**	**5.0**	**77.7**	**78.8**
Specialists[4]										
Paediatricians and Medical Geneticists	54	61	21.3	18.8	0.9	0.9	1.9	1.8	3.5	3.6
Internists and Physiatrists	143	146	8.0	7.9	1.6	1.7	3.7	3.7	12.8	13.3
Neurologists	17	17	67.5	67.6	1.7	1.7	2.9	2.9	2.2	2.3
Cardiologists	27	27	42.5	42.5	4.1	4.2	3.5	3.6	5.8	6.0
Psychiatrists	58	63	19.8	18.2	0.4	0.5	1.8	1.9	1.7	2.0
Dermatologists	6	8	191.3	143.6	3.2	2.8	5.4	4.9	1.7	1.9
Anaesthetists	113	112	10.2	10.3	0.8	0.8	0.9	0.9	6.1	6.0
General Surgeons	75	75	15.3	15.3	1.0	1.0	2.1	2.1	5.7	5.7
Cardiac Surgeons	6	6	191.3	191.4	0.6	0.7	0.9	1.0	0.3	0.3
Orthopaedic Surgeons	41	43	28.0	26.7	1.4	1.4	2.8	2.8	4.4	4.6
Plastic and Reconstructive Surgeons	12	15	95.6	76.6	1.5	1.4	2.9	2.8	1.5	1.8
Neurological Surgeons	12	12	95.6	95.7	0.7	0.7	1.4	1.3	0.7	0.7
Obstetricians and Gynaecologists	58	64	19.8	17.9	1.3	1.2	2.9	2.7	4.6	4.6
Urological Surgeons	14	17	82.0	67.6	1.4	1.3	2.2	2.0	1.5	1.6
Ophthalmologists	26	27	44.1	42.5	3.2	3.2	7.5	7.5	6.9	7.1
Otolaryngologists	14	15	82.0	76.6	2.5	2.6	4.2	4.2	2.9	3.3
Pathologists and Diagnostic Radiologists	83	73	13.8	15.7	3.4	4.2	0.2	0.2	18.1	18.7
All Specialists[4]	**759**	**781**	**1.5**	**1.5**	**1.6**	**1.6**	**2.4**	**2.4**	**42.3**	**43.7**
All Physicians[4]	**1,652**	**1,699**	**0.7**	**0.7**	**1.9**	**1.9**	**3.8**	**3.8**	**80.2**	**81.4**
Licensed Physicians[5]	2,224	2,375	0.5	0.5	–	–	–	–	–	–

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20

Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3]							
		Less Than 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More Than 3,500
General Practitioners									
Metro Association	366	18	40	71	48	46	23	28	92
Metro Solo	84	20	31	6	15	8	1	1	2
Urban Association	174	3	19	37	41	17	12	13	32
Urban Solo	37	6	5	5	4	3	7	1	6
Rural Association	230	1	25	69	67	44	16	3	5
Rural Solo	27	2	7	3	7	3	2	3	–
All General Practitioners 2015-16	**918**	**50**	**127**	**191**	**182**	**121**	**61**	**49**	**137**
All General Practitioners 2014-15	893	54	126	175	176	106	77	45	134
Specialists									
Paediatricians and Medical Geneticists	61	16	31	8	3	–	1	–	2
Internists and Physiatrists	146	17	37	28	23	16	8	6	11
Neurologists	17	1	4	2	3	5	1	–	1
Cardiologists	27	–	3	–	4	1	–	2	17
Psychiatrists	63	41	19	1	2	–	–	–	–
Dermatologists	8	–	1	1	2	–	1	1	2
Anaesthetists	112	17	72	20	2	–	1	–	–
General Surgeons	75	13	26	22	12	2	–	–	–
Cardiac Surgeons	6	2	3	1	–	–	–	–	–
Orthopaedic Surgeons	43	1	12	16	9	2	1	1	1
Plastic and Reconstructive Surgeons	15	1	4	7	–	1	1	1	–
Neurological Surgeons	12	1	9	2	–	–	–	–	–
Obstetricians and Gynaecologists	64	8	17	17	15	3	4	–	–
Urological Surgeons	17	2	3	8	2	1	1	–	–
Ophthalmologists	27	1	1	1	2	5	1	4	12
Otolaryngologists	15	–	2	3	2	1	1	3	3
Pathologists and Diagnostic Radiologists	73	2	4	6	11	2	3	7	38
All Specialists 2015-16	**781**	**123**	**248**	**143**	**92**	**39**	**24**	**25**	**87**
All Specialists 2014-15	759	129	225	136	93	39	34	27	76
All Physicians 2015-16	**1,699**	**173**	**375**	**334**	**274**	**160**	**85**	**74**	**224**
All Physicians 2014-15	1,652	183	351	311	269	145	111	72	210

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

Notes:

1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21

Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association	366	52	102	86	49	30	20	27
Metro Solo	84	47	6	9	12	6	4	–
Urban Association	174	20	60	39	21	17	11	6
Urban Solo	37	15	2	5	4	8	–	3
Rural Association	230	37	95	62	17	8	8	3
Rural Solo	27	5	4	4	7	2	2	3
All General Practitioners 2015-16	**918**	**176**	**269**	**205**	**110**	**71**	**45**	**42**
All General Practitioners 2014-15	893	187	249	184	120	71	37	45
Specialists								
Paediatricians and Medical Geneticists	61	45	12	2	1	1	–	–
Internists and Physiatrists	146	50	47	28	10	1	5	5
Neurologists	17	6	9	1	1	–	–	–
Cardiologists	27	3	16	6	–	2	–	–
Psychiatrists	63	46	12	3	1	–	–	1
Dermatologists	8	2	1	3	–	1	1	–
Anaesthetists	112	109	2	1	–	–	–	–
General Surgeons	75	41	30	4	–	–	–	–
Cardiac Surgeons	6	6	–	–	–	–	–	–
Orthopaedic Surgeons	43	14	24	2	2	1	–	–
Plastic and Reconstructive Surgeons	15	6	6	2	1	–	–	–
Neurological Surgeons	12	11	1	–	–	–	–	–
Obstetricians and Gynaecologists	64	28	18	15	3	–	–	–
Urological Surgeons	17	8	7	2	–	–	–	–
Ophthalmologists	27	2	1	7	5	6	3	3
Otolaryngologists	15	4	4	3	3	–	1	–
Pathologists and Diagnostic Radiologists	73	73	–	–	–	–	–	–
All Specialists 2015-16	**781**	**454**	**190**	**79**	**27**	**12**	**10**	**9**
All Specialists 2014-15	759	440	185	82	23	14	7	8
All Physicians 2015-16	**1,699**	**630**	**459**	**284**	**137**	**83**	**55**	**51**
All Physicians 2014-15	1,652	627	434	266	143	85	44	53

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same physician, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22

Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	366	162	22	9	22	10	62	79	–
Metro Solo	84	24	2	3	6	2	26	20	1
Urban Association	174	32	6	3	13	5	23	91	1
Urban Solo	37	4	–	2	2	1	7	21	–
Rural Association	230	41	8	5	14	2	27	132	1
Rural Solo	27	6	–	2	5	1	3	10	–
All General Practitioners 2015-16	**918**	**269**	**38**	**24**	**62**	**21**	**148**	**353**	**3**
All General Practitioners 2014-15	893	270	37	20	55	21	141	346	3
Specialists									
Paediatricians and Medical Geneticists	61	14	23	2	1	3	12	6	–
Internists and Physiatrists	146	50	26	6	6	10	22	26	–
Neurologists	17	3	5	–	1	–	3	5	–
Cardiologists	27	13	2	1	–	3	4	4	–
Psychiatrists	63	28	5	3	–	2	8	17	–
Dermatologists	8	5	3	–	–	–	–	–	–
Anaesthetists	112	56	20	1	1	2	11	21	–
General Surgeons	75	27	22	1	–	2	10	13	–
Cardiac Surgeons	6	1	4	–	–	1	–	–	–
Orthopaedic Surgeons	43	25	5	–	1	–	3	9	–
Plastic and Reconstructive Surgeons	15	7	4	2	–	–	–	2	–
Neurological Surgeons	12	4	1	1	–	–	2	4	–
Obstetricians and Gynaecologists	64	24	11	3	1	2	5	18	–
Urological Surgeons	17	7	6	–	–	–	–	3	1
Ophthalmologists	27	17	–	1	4	–	3	2	–
Otolaryngologists	15	10	1	–	–	–	–	4	–
Pathologists and Diagnostic Radiologists	73	32	23	–	3	1	8	5	1
All Specialists 2015-16	**781**	**323**	**161**	**21**	**18**	**26**	**91**	**139**	**2**
All Specialists 2014-15	759	316	150	17	21	24	93	136	2
All Physicians 2015-16	**1,699**	**592**	**199**	**45**	**80**	**47**	**239**	**492**	**5**
Per Cent Distribution 2015-16	100%	35%	12%	3%	5%	3%	14%	29%	0%
All Physicians 2014-15	**1,652**	**586**	**187**	**37**	**76**	**45**	**234**	**482**	**5**
Per Cent Distribution 2014-15	100%	35%	11%	2%	5%	3%	14%	29%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
2) Per Cent Distributions will not add to 100 percent due to rounding.

Table 23

Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association	366	46	83	104	79	54
Metro Solo	84	2	10	30	20	22
Urban Association	174	33	67	43	18	13
Urban Solo	37	1	9	9	10	8
Rural Association	230	56	88	52	22	12
Rural Solo	27	1	3	8	8	7
All General Practitioners 2015-16	**918**	**139**	**260**	**246**	**157**	**116**
All General Practitioners 2014-15	893	147	240	241	156	109
Specialists						
Paediatricians and Medical Geneticists	61	11	23	13	7	7
Internists and Physiatrists	146	10	40	46	25	25
Neurologists	17	–	7	4	3	3
Cardiologists	27	1	8	12	3	3
Psychiatrists	63	7	26	15	9	6
Dermatologists	8	5	–	–	2	1
Anaesthetists	112	11	41	27	29	4
General Surgeons	75	6	20	26	18	5
Cardiac Surgeons	6	–	–	4	2	–
Orthopaedic Surgeons	43	2	17	14	7	3
Plastic and Reconstructive Surgeons	15	4	5	4	2	–
Neurological Surgeons	12	1	4	2	3	2
Obstetricians and Gynaecologists	64	9	15	21	14	5
Urological Surgeons	17	3	3	5	4	2
Ophthalmologists	27	2	8	6	7	4
Otolaryngologists	15	3	2	5	4	1
Pathologists and Diagnostic Radiologists	73	3	30	16	18	6
All Specialists 2015-16	**781**	**78**	**249**	**220**	**157**	**77**
All Specialists 2014-15	759	67	258	208	151	75
All Physicians 2015-16	**1,699**	**217**	**509**	**466**	**314**	**193**
Per Cent Distribution 2015-16	100%	13%	30%	27%	18%	11%
All Physicians 2014-15	**1,652**	**214**	**498**	**449**	**307**	**184**
Per Cent Distribution 2014-15	100%	13%	30%	27%	19%	11%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
2) Per Cent Distributions will not add to 100 percent due to rounding.

Table 24

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	334.7	1,699	253.4	918	430.3	781
Highest Paid	2,316.8		1,100.9		2,316.8	
Less than $60,000	26.3	294	28.2	181	23.2	113
$60,000 - $74,999	67.6	67	67.5	45	67.7	22
$75,000 - $99,999	88.1	106	87.3	66	89.4	40
$100,000 - $124,999	112.9	100	113.2	64	112.3	36
$125,000 - $149,999	136.4	126	136.5	90	136.4	36
$150,000 - $174,999	162.5	100	162.8	73	161.7	27
$175,000 - $199,999	187.5	114	187.7	76	187.0	38
$200,000 - $249,999	224.0	183	223.1	121	225.9	62
$250,000 - $299,999	275.5	170	276.5	109	273.5	61
$300,000 - $349,999	323.2	156	323.8	82	322.5	74
Over $350,000	607.4	577	492.0	192	665.0	385
Total	**289.2**	**1,993**	**216.3**	**1,099**	**378.9**	**894**

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	255.2	450	269.2	211	237.3	257
Highest Paid	1,060.3		1,100.9		859.5	
Less than $60,000	26.8	90	26.9	48	32.6	43
$60,000 - $74,999	68.7	22	65.9	10	66.7	13
$75,000 - $99,999	86.1	34	87.9	11	88.8	21
$100,000 - $124,999	112.9	30	113.4	9	113.4	25
$125,000 - $149,999	135.9	37	135.6	28	138.3	25
$150,000 - $174,999	163.5	33	160.9	21	163.5	19
$175,000 - $199,999	187.6	37	186.9	18	188.8	21
$200,000 - $249,999	223.4	65	223.2	25	222.2	31
$250,000 - $299,999	275.0	48	277.5	22	277.8	39
$300,000 - $349,999	323.0	49	327.9	17	321.8	16
Over $350,000	485.2	95	527.1	50	468.6	47
Total	**217.1**	**540**	**224.3**	**259**	**208.0**	**300**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Opthalmology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This provides a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2013-14 or 2012-13 should be done with caution.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	193.6	61	377.6	146	822.3	27
Highest Paid	848.6		1,187.6		1,788.6	
Less than $60,000	23.6	19	25.0	25	–	–
$60,000 - $74,999	67.9	5	64.8	6	70.7	1
$75,000 - $99,999	89.2	9	89.9	9	–	–
$100,000 - $124,999	114.1	13	115.4	6	–	–
$125,000 - $149,999	141.9	5	134.7	9	–	–
$150,000 - $174,999	163.7	4	156.4	8	–	–
$175,000 - $199,999	188.9	7	183.5	7	–	–
$200,000 - $249,999	230.5	6	219.5	13	220.3	2
$250,000 - $299,999	280.9	2	272.2	10	–	–
$300,000 - $349,999	306.1	3	315.3	14	–	–
Over $350,000	518.8	7	620.8	64	903.8	24
Total	**153.2**	**80**	**327.4**	**171**	**822.3**	**27**

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	370.7	17	299.6	63	322.4	8
Highest Paid	1,010.3		1,045.8		696.0	
Less than $60,000	–	–	28.5	14	–	–
$60,000 - $74,999	–	–	71.6	3	62.6	1
$75,000 - $99,999	–	–	89.2	7	–	–
$100,000 - $124,999	110.2	2	106.2	1	–	–
$125,000 - $149,999	134.0	2	136.9	5	134.5	1
$150,000 - $174,999	172.5	1	150.2	2	–	–
$175,000 - $199,999	178.8	1	186.6	7	195.4	1
$200,000 - $249,999	–	–	231.7	8	–	–
$250,000 - $299,999	274.0	1	278.9	7	289.5	1
$300,000 - $349,999	–	–	323.4	7	334.1	1
Over $350,000	518.8	10	598.0	16	517.6	3
Total	**370.7**	**17**	**250.3**	**77**	**322.4**	**8**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	344.4	112	379.9	75	913.9	6
Highest Paid	1,050.4		844.7		1,179.5	
Less than $60,000	30.6	4	45.6	6	–	–
$60,000 - $74,999	61.2	1	73.1	1	–	–
$75,000 - $99,999	80.3	2	96.3	3	–	–
$100,000 - $124,999	109.9	3	113.1	4	–	–
$125,000 - $149,999	134.2	2	131.7	4	–	–
$150,000 - $174,999	170.3	3	154.9	1	–	–
$175,000 - $199,999	187.6	3	175.3	1	–	–
$200,000 - $249,999	227.6	16	223.5	3	–	–
$250,000 - $299,999	274.8	13	271.8	10	–	–
$300,000 - $349,999	327.7	19	319.5	10	–	–
Over $350,000	464.7	50	532.6	38	913.9	6
Total	**333.5**	**116**	**355.2**	**81**	**913.9**	**6**

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	578.9	43	493.5	15	535.2	12
Highest Paid	1,937.1		1,219.0		1,027.9	
Less than $60,000	26.6	6	37.9	2	43.6	1
$60,000 - $74,999	–	–	–	–	68.1	1
$75,000 - $99,999	–	–	–	–	–	–
$100,000 - $124,999	–	–	–	–	–	–
$125,000 - $149,999	146.3	1	–	–	–	–
$150,000 - $174,999	165.4	1	161.4	1	–	–
$175,000 - $199,999	186.7	2	–	–	–	–
$200,000 - $249,999	203.2	1	235.7	1	–	–
$250,000 - $299,999	280.1	3	266.2	2	294.6	1
$300,000 - $349,999	328.5	6	330.5	1	321.7	2
Over $350,000	730.8	29	614.3	10	677.0	8
Total	**511.3**	**49**	**439.9**	**17**	**497.4**	**13**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Opthalmology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This provides a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2013-14 or 2012-13 should be done with caution.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	396.3	64	411.3	17	1,149.0	27
Highest Paid	974.2		1,176.1		2,316.8	
Less than $60,000	35.8	1	–	–	11.2	3
$60,000 - $74,999	–	–	–	–	–	–
$75,000 - $99,999	84.9	4	88.9	1	–	–
$100,000 - $124,999	103.8	2	111.5	1	116.0	1
$125,000 - $149,999	134.7	3	–	–	–	–
$150,000 - $174,999	166.3	4	155.9	1	–	–
$175,000 - $199,999	187.0	6	196.7	1	–	–
$200,000 - $249,999	223.3	4	214.2	1	–	–
$250,000 - $299,999	269.9	5	251.8	1	–	–
$300,000 - $349,999	333.4	3	318.4	2	–	–
Over $350,000	587.3	33	592.9	9	1188.0	26
Total	**390.7**	**65**	**411.3**	**17**	**1035.0**	**30**

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians[4]	568.5	15	490.2	73
Highest Paid	1,227.9		1,998.6	
Less than $60,000	51.8	1	11.3	31
$60,000 - $74,999	67.2	1	71.6	2
$75,000 - $99,999	–	–	92.9	5
$100,000 - $124,999	–	–	107.5	3
$125,000 - $149,999	149.0	1	135.2	3
$150,000 - $174,999	–	–	172.3	1
$175,000 - $199,999	–	–	193.9	2
$200,000 - $249,999	234.6	2	229.3	5
$250,000 - $299,999	255.0	1	267.5	4
$300,000 - $349,999	–	–	321.0	6
Over $350,000	758.7	10	708.2	42
Total	**536.2**	**16**	**347.4**	**104**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25

Average Payment[2] ($000's) Per Physician by Specialty, 2010-11 to 2015-16

Type of Physician[1]	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	Average Annual Per Cent Change 2010-11 to 2015-16
General Practitioners							
Metro Association	262.9	261.3	274.6	288.3	257.5	259.2	-0.11
Metro Solo	247.0	244.9	259.5	262.9	240.7	237.8	-0.65
Urban Association	265.3	267.5	280.4	261.8	245.0	251.6	-0.94
Urban Solo	376.4	322.1	372.5	358.2	321.5	352.0	-0.67
Rural Association	253.2	263.2	264.7	262.6	226.9	226.8	-1.98
Rural Solo	285.7	278.4	338.0	355.5	330.1	327.2	3.20
All General Practitioners	**265.8**	**265.2**	**280.2**	**281.4**	**252.9**	**253.4**	**-0.82**
Specialists							
Paediatricians and Medical Geneticists	222.4	207.9	207.8	220.5	206.6	193.6	-2.61
Internists and Physiatrists	359.9	359.2	362.8	374.3	370.4	377.6	0.97
Neurologists	307.5	334.7	328.7	354.9	366.3	370.7	3.89
Cardiologists	801.1	753.9	810.9	821.9	779.2	822.3	0.67
Psychiatrists	228.6	247.0	277.5	267.7	261.0	299.6	5.83
Dermatologists	468.8	459.9	455.9	440.0	351.9	322.4	-6.93
Anaesthetists	306.1	323.0	344.5	341.5	341.8	344.4	13.60
General Surgeons	403.8	379.4	383.1	397.6	378.4	379.9	-1.14
Cardiac Surgeons	830.6	849.9	844.7	841.3	791.4	913.9	2.17
Orthopaedic Surgeons	454.4	508.0	552.8	551.5	594.0	578.9	5.11
Plastic and Reconstructive Surgeons	463.6	422.2	489.2	551.3	521.6	493.5	1.77
Neurological Surgeons	367.3	428.0	521.6	548.6	525.4	535.2	8.24
Obstetricians and Gynaecologists	406.8	406.0	408.3	410.3	420.8	396.3	-0.48
Urological Surgeons	459.7	420.7	466.1	455.6	456.6	411.3	-1.93
Ophthalmologists	970.4	1,002.0	1,102.0	1,023.0	1,135.0	1,149.0	3.65
Otolaryngologists	486.4	463.4	494.5	521.1	558.3	568.5	3.27
Pathologists and Diagnostic Radiologists	505.9	480.1	449.8	421.6	400.4	490.2	-0.06
All Specialists	**409.0**	**410.5**	**423.9**	**426.7**	**420.4**	**430.3**	**1.03**
Spec. less Pathologists & Radiologists	399.6	403.5	420.9	427.3	422.9	424.1	1.22
All Physicians	**330.1**	**331.5**	**346.8**	**347.8**	**329.9**	**334.7**	**0.33**
Phys. less Pathologists & Radiologists	322.8	325.0	421.4	427.2	421.5	427.6	6.37

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Ophthamology and Radiology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[3] In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments pre and post 2014-15 should be done with caution.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Laboratory services provided by Pathologists are the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
3) Changes in the number of active physicians and average payments may have been influenced by the locum billing number policy changes.
4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26

Physician Payments ($000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	181	284.9	91	506.2	88	600.8	61	426.0
Saskatoon[3]	258	236.4	195	296.4	131	519.1	105	391.9
Moose Jaw	29	271.4	7	503.5	10	419.4	3	**
Prince Albert	68	274.8	11	450.8	19	403.4	12	447.3
Yorkton	20	291.1	4	**	7	591.2	1	**
Swift Current	23	256.1	3	**	6	406.4	2	**
North Battleford	24	316.0	4	**	8	478.6	–	–
Estevan	11	411.3	–	–	1	**	–	–
Weyburn	16	250.1	–	–	–	–	–	–
All Other Locations	288	228.1	7	184.8	4	**	1	**
B. By Activity Threshold:								
1. Total Active Physicians[2]	918	253.4	322	363.7	274	527.7	185	401.9
2. Total Licensed Physicians[4]	1,251	–	470	–	324	–	330	–
3. Resident and Active in Two Consecutive Years[2]	808	269.2	287	388.7	248	564.0	173	413.2
4. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	732	289.2	261	416.1	233	589.1	159	437.5
C. By Age Group:[2]								
Under 35	139	195.3	34	248.5	30	422.0	14	388.4
35 - 44	260	229.1	104	347.7	74	551.8	71	387.8
45 - 54	246	281.9	90	370.0	87	574.4	43	380.3
55 - 64	157	279.0	49	424.4	61	521.8	47	403.1
65+	116	282.6	45	409.3	22	423.0	10	607.5

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Licensed Physicians are all physicians on the Medical Care Insurance Physician Registry except for those known to be retired. Educational locums, residents and interns ar typically excluded.

** Not shown, to preserve confidentiality.

Note:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
2) Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.
3) In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2014-15 and either 2013-14 or 2012-13 should be done with caution.

Table 27

Payments[1] for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage[3]	Total Payments for Emergency Coverage
	Number of Rotations				
	Tier I	Tier II	Payments[2]		
Regional Health Authority					
1 Sun Country	2	4	$749,437	$1,258,030	$2,007,467
2 Five Hills	7	3	$1,451,281	$443,678	$1,894,959
3 Cypress	7	2	$1,404,583	$546,751	$1,951,334
4 Regina Qu'Appelle	32	14	$8,045,474	$1,001,159	$9,046,633
5 Sunrise	6	2	$1,177,187	$689,088	$1,866,275
6 Saskatoon	44	26	$11,617,383	$1,345,694	$12,963,077
7 Heartland	–	2	$27,646	$1,201,320	$1,228,966
8 Kelsey Trail	–	5	$270,542	$1,003,645	$1,274,187
9 Prince Albert	8	3	$1,867,818	$273,709	$2,141,527
10 Prairie North	13	7	$2,903,244	$593,434	$3,496,678
11 Mamawetan	–	–	–	$185,885	$185,885
12 Keewatin Yatthé	–	–	–	$344,718	$344,718
13 Athabasca	–	–	–	$152,464	$152,464
All Regional Health Authorities	119	68	$29,514,595	$9,039,575	$38,554,170
Other Emergency Coverage					
Medical Health Officers	–	3	$449,894	–	$449,894
Saskatchewan Cancer Agency	2	5	$1,150,000	–	$1,150,000
All Emergency Coverage	**121**	**76**	**$31,114,489**	**$9,039,575**	**$40,154,064**

[1] Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer or other.
[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.
[3] Includes ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes:

Tier I Coverage: Continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: Either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28

Medical Remuneration and Alternate Payment Expenditures ($000's)

		Medical Remuneration Payments[1]		Alternate Payments[2]		Non-Fee-For-Service Total Payments	
		2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
Regional Health Authority							
1	Sun Country	2,719	3,075	–	–	2,719	3,075
2	Five Hills	6,461	6,763	3,979	4,254	10,440	11,018
3	Cypress	6,042	6,426	3,230	3,358	9,272	9,785
4	Regina Qu'Appelle	65,398	67,950	3,352	3,719	68,750	71,669
5	Sunrise	6,325	7,009	–	–	6,325	7,009
6	Saskatoon	57,636	61,342	18,428	19,294	76,064	80,636
7	Heartland	1,254	1,541	–	–	1,254	1,541
8	Kelsey Trail	1,583	1,889	–	–	1,583	1,889
9	Prince Albert Parkland	8,322	9,086	7,959	8,360	16,280	17,446
10	Prairie North	9,767	10,388	723	752	10,490	11,140
11	Mamawetan Churchill River	79	83	–	–	79	83
12	Keewatin Yatthé	–	–	–	–	–	–
13	Athabasca	–	–	–	–	–	–
All Regional Health Authorities		165,586	175,552	37,671	39,738	203,257	215,290
	Provincial Projects[2]	–	–	5,390	5,336	5,390	5,336
All Expenditures		**165,586**	**175,552**	**43,061**	**45,074**	**208,647**	**220,626**

[1] These expenditures for physician services are administered through Regional Health Authorities and funded by the Ministry of Health.
[2] These Alternate Payment arrangements are funded predominately through the College of Medicine.

Note: Payments for primary care arrangements are excluded.

Table 29

Insured Population by Age and Sex by Regional Health Authority

Age Groups	Sex	1 Sun Country	2 Five Hills	3 Cypress	4 Regina QuAppelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthé	13 Athabasca	Unassigned	Total
		Regional Health Authority of Patient Residence														
Under 1	M	389	317	252	1,829	304	2,397	233	253	584	680	245	117	32	0	**7,631**
	F	381	284	239	1,832	284	2,293	263	251	548	648	227	126	20	1	**7,397**
	T	770	601	491	3,661	588	4,691	496	504	1,132	1,328	472	243	52	1	**15,028**
1 - 4	M	1,579	1,361	1,043	7,716	1,349	9,654	1,127	1,090	2,349	2,587	1,047	520	82	5	**31,504**
	F	1,509	1,257	962	7,420	1,241	9,062	1,065	1,069	2,231	2,615	1,023	477	100	5	**30,032**
	T	3,088	2,618	2,004	15,137	2,591	18,716	2,192	2,159	4,581	5,202	2,070	997	182	10	**61,536**
5 - 9	M	1,889	1,644	1,277	9,487	1,782	11,320	1,347	1,347	3,103	3,347	1,453	619	160	4	**38,774**
	F	1,946	1,571	1,209	8,998	1,721	10,945	1,348	1,256	2,954	3,301	1,239	577	159	1	**37,224**
	T	3,834	3,215	2,486	18,485	3,503	22,264	2,695	2,604	6,057	6,648	2,692	1,196	319	5	**75,998**
10 - 14	M	1,747	1,488	1,351	8,335	1,673	10,358	1,328	1,313	2,900	2,943	1,158	487	130	3	**35,210**
	F	1,759	1,449	1,258	7,944	1,575	9,820	1,201	1,234	2,725	2,946	1,127	486	136	0	**33,660**
	T	3,506	2,937	2,609	16,279	3,247	20,179	2,530	2,546	5,624	5,889	2,285	973	266	3	**68,870**
15 - 19	M	1,765	1,622	1,415	8,755	1,742	10,797	1,376	1,349	2,857	2,947	1,088	530	123	1	**36,365**
	F	1,858	1,516	1,373	8,262	1,641	10,163	1,322	1,318	2,796	2,876	1,067	485	117	10	**34,795**
	T	3,622	3,139	2,788	17,016	3,383	20,961	2,698	2,667	5,653	5,823	2,155	1,015	240	11	**71,160**
20 - 24	M	2,087	1,785	1,444	10,239	1,794	12,205	1,452	1,408	3,075	3,121	1,143	582	113	17	**40,448**
	F	1,850	1,703	1,379	9,646	1,685	12,061	1,310	1,287	3,002	2,955	1,101	565	115	35	**38,660**
	T	3,937	3,488	2,823	19,885	3,478	24,266	2,762	2,695	6,077	6,076	2,244	1,147	228	52	**79,108**
25 - 29	M	2,317	1,987	1,413	12,171	1,811	14,506	1,463	1,281	2,861	3,298	1,002	579	121	23	**44,809**
	F	2,132	1,733	1,388	11,234	1,657	14,261	1,477	1,172	2,766	3,166	985	528	99	24	**42,596**
	T	4,449	3,720	2,801	23,405	3,468	28,766	2,941	2,453	5,626	6,463	1,987	1,107	220	47	**87,405**
30 - 34	M	2,291	1,862	1,371	11,865	1,753	14,389	1,418	1,163	2,605	3,176	810	414	97	10	**43,214**
	F	2,090	1,821	1,340	11,030	1,719	13,990	1,310	1,134	2,627	3,124	830	385	119	13	**41,519**
	T	4,381	3,683	2,711	22,895	3,472	28,379	2,728	2,297	5,231	6,300	1,640	799	216	23	**84,733**
35 - 39	M	2,152	1,633	1,306	10,719	1,788	12,759	1,316	1,193	2,288	2,743	738	339	94	6	**39,067**
	F	1,874	1,672	1,267	10,086	1,664	12,253	1,238	1,143	2,315	2,675	720	313	83	8	**37,302**
	T	4,026	3,305	2,573	20,804	3,452	25,012	2,554	2,335	4,603	5,418	1,458	652	177	14	**76,369**
40 - 44	M	1,869	1,596	1,240	9,534	1,682	11,456	1,161	1,224	2,264	2,462	669	369	71	1	**35,596**
	F	1,691	1,526	1,256	8,987	1,574	10,941	1,148	1,097	2,313	2,395	699	368	66	2	**34,060**
	T	3,559	3,122	2,495	18,521	3,256	22,397	2,309	2,321	4,577	4,856	1,368	737	137	3	**69,656**
45 - 49	M	1,788	1,519	1,259	9,112	1,710	11,057	1,268	1,188	2,374	2,275	680	389	76	3	**34,694**
	F	1,640	1,518	1,306	8,764	1,725	10,480	1,213	1,228	2,292	2,225	628	395	71	2	**33,484**
	T	3,428	3,037	2,565	17,876	3,435	21,537	2,482	2,415	4,666	4,500	1,308	784	147	5	**68,178**
50 - 54	M	2,220	2,089	1,740	10,397	2,127	12,322	1,617	1,493	2,642	2,611	629	381	66	2	**40,335**
	F	1,998	2,060	1,720	10,201	2,078	12,073	1,587	1,420	2,773	2,607	621	344	67	1	**39,548**
	T	4,218	4,149	3,460	20,598	4,205	24,395	3,203	2,912	5,416	5,219	1,250	725	133	3	**79,883**
55 - 59	M	2,134	2,236	1,836	9,699	2,280	11,455	1,835	1,510	2,709	2,545	599	302	45	1	**39,184**
	F	1,963	2,159	1,757	9,623	2,092	11,571	1,654	1,454	2,674	2,506	543	256	37	1	**38,289**
	T	4,097	4,395	3,593	19,322	4,372	23,026	3,489	2,964	5,383	5,051	1,142	558	82	2	**77,473**
60 - 64	M	1,813	1,914	1,594	8,088	2,104	9,555	1,612	1,461	2,442	2,168	458	222	24	3	**33,454**
	F	1,629	1,973	1,458	8,267	1,966	9,574	1,424	1,363	2,333	2,013	427	202	28	2	**32,656**
	T	3,442	3,887	3,052	16,356	4,070	19,128	3,036	2,823	4,775	4,181	885	424	52	5	**66,110**
65 - 69	M	1,340	1,635	1,275	6,081	1,684	7,003	1,199	1,212	2,001	1,579	339	184	22	1	**25,554**
	F	1,322	1,546	1,221	6,343	1,716	7,269	1,190	1,223	2,035	1,527	291	135	29	1	**25,847**
	T	2,662	3,181	2,496	12,424	3,400	14,272	2,389	2,435	4,035	3,106	630	319	51	2	**51,401**
70 - 74	M	1,032	1,067	845	4,066	1,317	4,746	909	1,001	1,431	1,139	179	115	22	0	**17,869**
	F	1,014	1,120	910	4,546	1,409	5,331	864	943	1,417	1,122	156	98	15	0	**18,945**
	T	2,047	2,188	1,755	8,612	2,725	10,077	1,773	1,943	2,848	2,261	335	213	37	0	**36,814**
75 & Over	M	1,992	2,111	1,821	7,220	2,630	8,675	1,710	1,738	2,317	1,826	247	160	19	1	**32,466**
	F	2,631	2,994	2,379	10,866	3,634	13,134	2,269	2,331	3,041	2,352	274	148	15	0	**46,068**
	T	4,623	5,106	4,199	18,086	6,263	21,810	3,980	4,069	5,358	4,178	521	308	34	1	**78,534**
Total all ages	**M**	**30,404**	**27,867**	**22,478**	**145,313**	**29,529**	**174,654**	**22,371**	**21,221**	**40,801**	**41,447**	**12,484**	**6,309**	**1,297**	**81**	**576,174**
	F	**29,286**	**27,903**	**22,419**	**144,049**	**29,380**	**175,221**	**21,885**	**20,923**	**40,841**	**41,053**	**11,958**	**5,888**	**1,276**	**106**	**572,082**
	T	**59,690**	**55,770**	**44,897**	**289,362**	**58,909**	**349,875**	**44,256**	**42,143**	**81,642**	**82,499**	**24,442**	**12,197**	**2,573**	**187**	**1,148,256**

[1] There are 188 Benificiaries not included. The majority of these benificiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

Notes:

1) Population as at June 30, 2015.
2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30

Per Cent of General Practitioner Payments by Regional Health Authority of Patient Residence by Physician Regional Health Authority

		Regional Health Authority of Physician Practice														
	Regional Health Authority of Patient Residence	1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthé	13 Athabasca	Out of Province	Total
1	Sun Country	81.8	1.4	0.1	12.7	0.2	0.9	0.1	0.0	0.1	0.1	–	–	–	2.6	100.0
2	Five Hills	0.4	84.5	0.9	8.6	0.1	2.3	0.6	0.1	0.1	0.1	–	–	–	2.2	100.0
3	Cypress	0.2	1.5	82.3	2.9	–	2.0	0.4	0.1	0.1	0.1	–	–	–	10.5	100.0
4	Regina Qu'Appelle	0.5	0.4	0.1	94.4	0.6	1.7	0.1	0.1	0.1	0.1	–	–	–	2.0	100.0
5	Sunrise	0.2	0.2	0.1	7.8	84.5	3.2	0.1	0.5	0.1	0.1	–	–	–	3.3	100.0
6	Saskatoon	0.1	0.1	0.1	1.0	0.2	94.6	0.3	0.3	0.9	0.3	–	–	–	2.1	100.0
7	Heartland	0.1	0.4	1.8	0.8	0.1	13.1	71.9	0.1	0.2	4.6	–	–	–	7.1	100.0
8	Kelsey Trail	0.1	0.1	0.1	0.9	0.5	8.1	0.2	80.5	7.2	0.2	–	–	–	2.0	100.0
9	Prince Albert Parkland	0.1	0.1	–	0.7	0.1	6.8	0.1	1.7	86.8	1.8	0.1	–	–	1.7	100.0
10	Prairie North	–	0.1	–	0.3	0.1	6.1	1.4	0.1	0.6	70.1	–	–	–	21.2	100.0
11	Mamawetan Churchill River	–	0.1	–	0.6	0.1	7.0	0.1	0.3	29.9	0.4	41.5	0.2	0.1	19.7	100.0
12	Keewatin Yatthé	–	0.1	–	0.4	0.1	13.0	0.3	0.1	9.9	24.2	0.5	46.9	–	4.5	100.0
13	Athabasca	–	–	–	0.4	–	10.3	–	0.6	29.4	0.7	1.3	0.9	55.5	0.9	100.0
	Unknown	9.0	2.7	6.3	13.2	4.3	17.0	0.1	13.4	7.2	11.6	5.9	6.1	1.9	1.1	100.0
	Rural Emergency Coverage	10.7	4.9	5.2	16.4	7.3	22.0	9.7	8.5	4.6	5.9	1.3	2.4	1.1	–	100.0
All Regional Health Authorities		**5.4**	**4.3**	**3.8**	**23.9**	**5.1**	**29.6**	**3.9**	**4.0**	**8.3**	**6.1**	**0.7**	**0.6**	**0.2**	**4.1**	**100.0**

Notes:

1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between Regional Health Authorities.
3) Band members are placed in the Regional Health Authority as indicated by their mailing address.
4) Payments to physicians by Regional Health Authority have not been adjusted for itinerant services.
5) See "Data Limitations" in *Statistical Figures and Tables*.

Table 31

Per Capita Physician Payments and Services by Regional Health Authority of Patient Residence and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	256.9	6.5	80.8	265.5	3.5	36.6	522.4	10.0	82.6
2 Five Hills	218.0	6.4	81.0	334.8	4.6	44.5	552.8	11.0	83.8
3 Cypress	263.9	7.0	79.6	377.1	5.9	38.9	641.0	12.9	81.9
4 Regina Qu'Appelle	212.6	6.0	81.8	360.3	5.1	49.0	572.8	11.0	84.8
5 Sunrise	250.1	7.0	80.1	316.4	4.4	42.3	566.6	11.4	82.9
6 Saskatoon	213.7	6.0	82.9	351.9	5.7	49.2	565.5	11.7	85.3
7 Heartland	285.6	7.1	82.2	346.0	5.3	47.0	631.7	12.4	84.9
8 Kelsey Trail	248.9	6.5	81.1	281.2	3.9	39.1	530.1	10.4	83.4
9 Prince Albert Parkland	270.0	7.4	85.8	320.4	4.9	46.0	590.5	12.4	88.1
10 Prairie North	282.6	6.8	76.3	492.0	9.2	42.7	774.6	16.1	79.1
11 Mamawetan Churchill River	160.3	4.1	64.9	249.9	3.9	36.9	410.2	7.9	70.8
12 Keewatin Yatthé	170.3	4.3	71.4	267.2	3.9	35.4	437.4	8.2	74.3
13 Athabasca	117.7	3.1	65.9	288.6	4.3	41.1	406.3	7.4	71.5
All Regional Health Authorities	**235.6**	**6.3**	**80.6**	**349.9**	**5.4**	**45.8**	**585.4**	**11.7**	**83.2**

Notes:

1) This data is not adjusted for any demographic differences between Regional Health Authorities.
2) Band members are placed in the Regional Health Authority as indicated by their mailing address.
3) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 32

General Practitioners in Relation to Population, Earnings and Practice Size

	Regional Health Authority of Physician Practice	Number of Registered General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP ($)	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]
1	Sun Country	56	45	1,326	288,158	2,103	5,369
2	Five Hills	55	38	1,468	274,501	1,939	5,548
3	Cypress	45	39	1,151	236,325	1,741	4,712
4	Regina Qu'Appelle	357	211	1,371	280,431	2,336	5,828
5	Sunrise	58	43	1,370	285,488	2,044	5,686
6	Saskatoon	444	304	1,151	237,626	2,199	4,654
7	Heartland	42	31	1,428	303,313	1,711	5,299
8	Kelsey Trail	66	37	1,139	245,990	1,825	4,175
9	Prince Albert Parkland	114	76	1,074	269,757	2,624	5,460
10	Prairie North	117	69	1,196	215,478	1,626	3,698
11	Mamawetan Churchill River	29	16	1,528	100,494	1,636	1,924
12	Keewatin Yatthé	25	7	1,742	93,342	1,174	1,770
13	Athabasca	9	2	1,287	93,549	1,101	1,547
All Regional Health Authorities		**1,289**	**918**	**1,251**	**253,401**	**2,129**	**4,968**

[1] Physicians residing in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one Regional Health Authority but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15 and 2015-16, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments for these years should be done with caution.
2) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.
3) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 33

Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

Type of Physician	2010-11 Completed Program	2010-11 Remained[3] in Saskatchewan	2011-12 Completed Program	2011-12 Remained[3] in Saskatchewan	2012-13 Completed Program	2012-13 Remained[3] in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine - Regina	12 [6]	4	11 [5]	6	17 [8]	8
Family Medicine - Saskatoon	10	9	14 [6]	8	16 [7]	10
Family Medicine - Rural	5 [4]	4	8	5	9 [4]	7
Family Medicine/Emergency	6	2	9	2	8	4
Family Medicine/Enhanced Skills	-	-	3	2	5	2
All Family Medicine	**33**	**19**	**45**	**23**	**55**	**31**
Anaesthesia	3	2	3	2	4	2
Cardiology	1	1	2	1	2	1
Diagnostic Radiology	2	-	3	-	3	1
Emergency Medicine	-	-	-	-	-	-
General Surgery	3	-	4	-	5	-
Internal Medicine	1	-	-	-	1	1
Nephrology	-	-	-	-	-	-
Neurology	1	-	-	-	1	1
Neurosurgery	1	-	-	-	1	-
Obstetrics/Gynaecology	2	1	4	1	1	1
Ophthalmology	1	-	1	-	1	1
Orthopaedic Surgery	1	-	3	-	3	-
Paediatrics	2	1	6	2	5	1
Pathology	-	-	-	-	1	-
Physical Medicine & Rehabilitation	-	-	1	1	2	1
Public Health & Preventive Medicine	-	-	-	-	-	-
Psychiatry	-	-	1	1	3	2
Respiratory Medicine	-	-	-	-	3	1
Rheumatology	-	-	-	-	-	-
All Specialists	**18**	**5**	**28**	**8**	**36**	**13**
Total CSF Funded	**51**	**24**	**73**	**31**	**91**	**44**
Non CSF Funded	**10**	**7**	**8**	**6**	**8**	**7**
Total Physicians	**61**	**31**	**81**	**37**	**99**	**51**
CSF Funded Retention Rates[9]						
Family Medicine		66%		58%		69%
Specialists		28%		29%		36%
All Physicians		**51%**		**46%**		**54%**
CSF Funded and Externally Funded Retention Rates[9]						
All Physicians		**54%**		**49%**		**57%**

[1] The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Four graduates went on to a further residency program.

[8] Five graduates went on to a further residency program.

[9] Net of the number of graduates who have entered further training.

Note: All current recruitment and retention initiatives are outlined in the Appendix.

Table 33 (Continued)

Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

Type of Physician	2013-14 Completed Program	2013-14 Remained[3] in Saskatchewan	2014-15 Completed Program	2014-15 Remained[3] in Saskatchewan	CSF Funded Positions in 2015-16	Retention Rate[3] of June 2015 Graduates
Funded by the Clinical Services Fund						
Family Medicine - Regina	13	8 [6]	15 [5]	10	27	77%
Family Medicine - Saskatoon	11	7 [4]	18 [6]	10	28	67%
Family Medicine - Rural	11	6 [4]	15 [5]	12	43	92%
Family Medicine/Emergency	7	7	8	6	9	75%
Family Medicine/Enhanced Skills	3	2	4	2	3	50%
All Family Medicine	**45**	**30**	**60**	**40**	**110**	**75%**
Anaesthesia	7	3	7	5	31	71%
Cardiology	-	-	4	-	6	0%
Diagnostic Radiology	5	-	4	-	19	0%
Emergency Medicine	-	-	2	2	12	100%
General Surgery	3	-	2	1	34	50%
Internal Medicine	3	2	2	2	78	100%
Nephrology	1	1	-	-	2	0%
Neurology	1	-	2	-	11	0%
Neurosurgery	-	-	2	-	[illegible]	0%
Obstetrics/Gynaecology	9	3	5	1	29	20%
Ophthalmology	1	1	1	1	5	100%
Orthopaedic Surgery	4	-	1	-	14	0%
Paediatrics	4	3	3	-	29	0%
General Pathology	1	-	-	-	12	0%
Physical Medicine & Rehabilitation	1	-	2	1	10	50%
Public Health & Preventive Medicine	-	-	1	1	6	100%
Psychiatry	7	6	5 [4]	3	30	75%
Respiratory Medicine	3	2	1	1	5	100%
Rheumatology	-	-	1	1	1	100%
All Specialists	**50**	**21**	**45**	**19**	**340**	**43%**
Total CSF Funded	**95**	**51**	**105**	**59**	**443**	**61%**
Non CSF Funded	**6**	**4**	**4**	**3**	**7**	**75%**
Total Physicians	**101**	**55**	**109**	**62**	**450**	**61%**
CSF Funded Retention Rates[5]						
Family Medicine		75%		75%		
Specialists		42%		43%		
All Physicians		**57%**		**61%**		
CSF Funded and Externally Funded Retention Rates[5]						
All Physicians		**57%**		**61%**		

Table 34

In-Province Optometrists: Selected Indicators

	2014-15	2015-16
Number of Registered[1] Practitioners	168	175
Population Per Registered[1] Practitioner	6,832	6,563
Per Cent of Beneficiaries Treated (%)	12.3%	14.3%
Practising[2] Optometrists:		
Number of Practitioners	166	172
Number by Age Group: Under 35	62	62
35 - 44	39	43
45 - 54	30	32
55 - 64	21	23
65 and over	14	12
Average Number of Patients Per Practitioner	883	987
Average Patient Contacts Per Practitioner	985	1108
Average Payment Per Practitioner ($)	55,929	70,293
Number by Dollar Range: Less than $10,000	7	4
$10,000 - 19,999	13	7
$20,000 - 39,999	39	23
$40,000 - 59,999	40	43
$60,000 - 79,999	23	32
$80,000 - 99,999	30	19
$100,000 - 119,999	7	22
$120,000 - 139,999	7	15
$140,000 - 159,999	–	5
$160,000 - 179,999	–	1
$180,000 & over	–	1

[1] Optometrists practising in Saskatchewan under MSP coverage at the end of the year.
[2] Optometrists receiving MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Includes optometric services covered by the Medical Services Plan and the Supplementary Health Program.
2) Effective October 1, 2014, an annual eye exam for patients diagnosed with diabetes is also insured along with select diagnostic tests.
3) Numbers in 2014-15 have been re-stated from the previous statistical report due to a change in methodologies.

Appendix

Significant Initiatives and Programs

- **Physician Recruitment Strategy:** Supports the Physician Recruitment Agency of Saskatchewan (saskdocs) and the Saskatchewan International Physician Practice Assessment Program (SIPPA).
- **Specialist Recruitment and Retention Program:** Jointly managed by the Saskatchewan Medical Association and the Ministry of Health along with representation from regional health authorities and saskdocs that identifies, develops and administers programs to support the recruitment and retention of specialist physicians. Details on individual programs are available on the SMA website at www.sma.sk.ca.
- **Specialist Emergency Coverage Program:** This program is jointly managed by the Saskatchewan Medical Association, Regional Health Authorities and the Ministry of Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).
- **Committee on Rural and Regional Practice (CORRP):** Jointly managed by the Saskatchewan Medical Association and the Ministry of Health along with representation from regional health authorities and saskdocs that identifies, develops and administers programs to support the recruitment and retention of physicians in rural and regional practices. Details on individual programs are available on the SMA website at www.sma.sk.ca.
- **Emergency Room Coverage:** This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas. (see Table 27).
- **Support Services:** The Ministry of Health funds a variety of other programs administered by the Saskatchewan Medical Association, including a Liability Insurance Coverage Program, a Continuing Medical Education fund, a Long Service Retention Program, and Parental Leave Program.
- **Other Initiatives:** 1) *Family Physician Comprehensive Care and Metro On-Call Program* – Recognizes and compensates family physicians for the value and continuity of care they provide to patients when they provide a full range of services; 2) *General Practitioner Specialist Program* – Provides an incentive payment and mentorship to family physicians that provide specialty services in rural and regional areas; 3) *Quality and Access* – Encourages physicians to participate in the development and adoption of new ways of practicing to improve the quality of services and beneficiary access to services; 4) *Chronic Disease Management – Quality Improvement Program* – Voluntary program to encourage and incent physicians to continually improve their practice by adopting and utilizing the best and most current tools such as electronic medical record software, for providing high quality patient care; 5) *Rural Relief Locum Program* – The Ministry of Health provides funding to the Regional Health Authorities to support locum arrangements to assist with emergency and primary health medical services in rural areas; and, 6) *Electronic Medical Record Program* - supports the adoption of Electronic Medical Records in physicians clinics.

Agreements with Professional Associations

- The physician agreement reached in mid-2015 between the Ministry of Health and the Saskatchewan Medical Association covered four years, April 1, 2013 to March 31, 2017. It provides physicians with general fee increases of 4.9%, along with lump sum payments equal to 3.0%. The agreement also includes $6M for investing in key program areas aimed at increasing patient access to medical services, best practice, and standardized care. The agreement also includes $15M for maintaining existing physician programs that are experiencing higher utilization due to the increased number of physicians in the province (ie. Family Physician Comprehensive Care Program and the Specialist Emergency Coverage Program).
- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covers the period April 1, 2013 to March 31, 2016. It provided a one-time lump sum payment of 1.5% in 2014-15, a 2% general fee increase effective April 1, 2015 and included expansion of an existing tonometry fee code to be billed with ocular urgency fee codes, and coverage of an annual eye exam for the management of diabetic patients effective October 1, 2014.
- The dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a zero per cent general fee increase in the first year, a 6.1% general fee increase effective April 1, 2009, and a 3% general fee increase effective April 1, 2010. The agreement also provided a total of $100,000 over the term of the agreement for new items and modernization of the Payment Schedule.

Figure 1

Index of Persons Covered by the Plan, Physicians, Services per Patient, and Persons Receiving Services 2010-11 to 2015-16

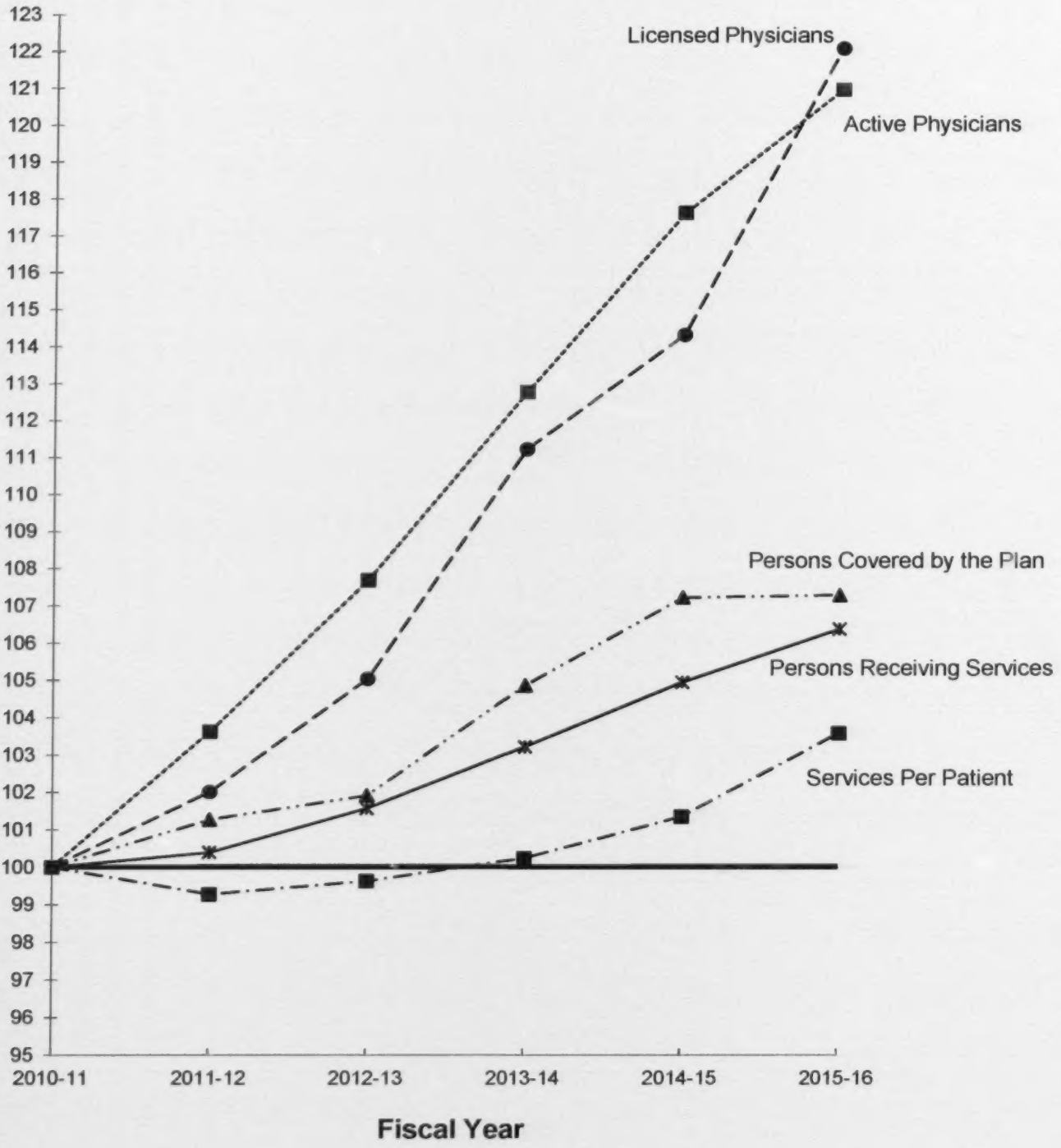


Figure 2

Index of Services per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2010-11 to 2015-16

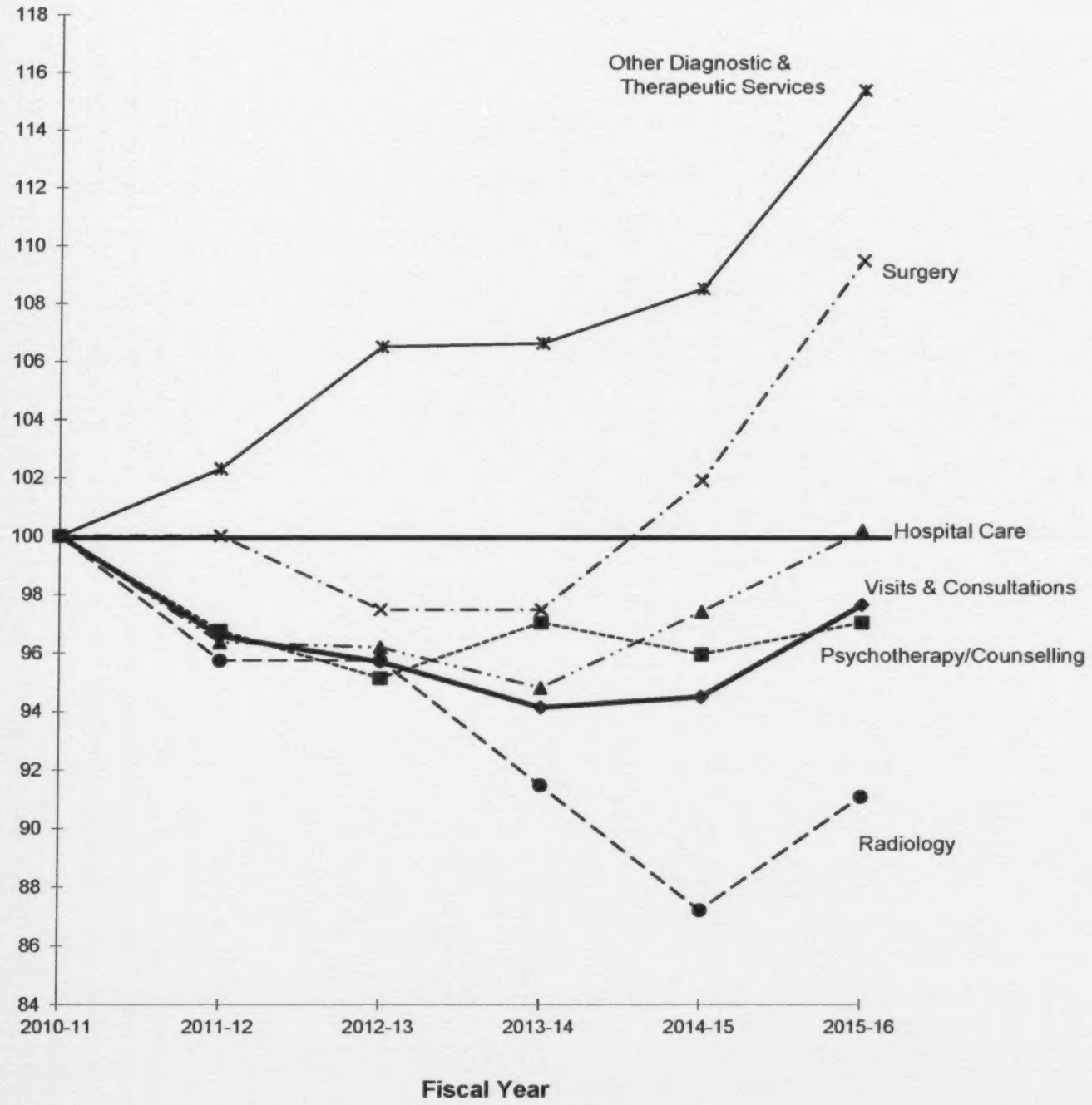


Figure 3

Per Capita Payments for Insured Services by Age and Sex of Beneficiary

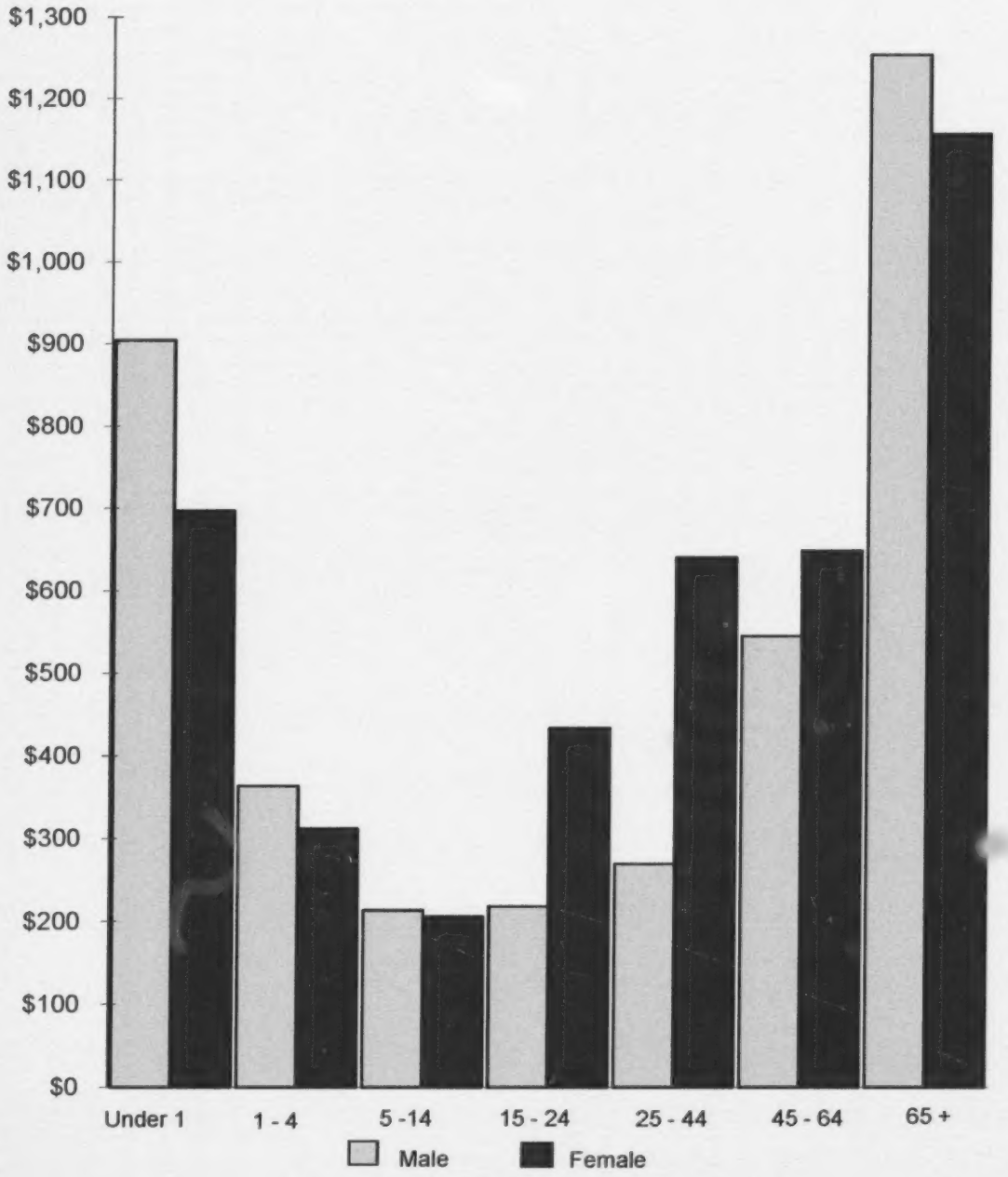
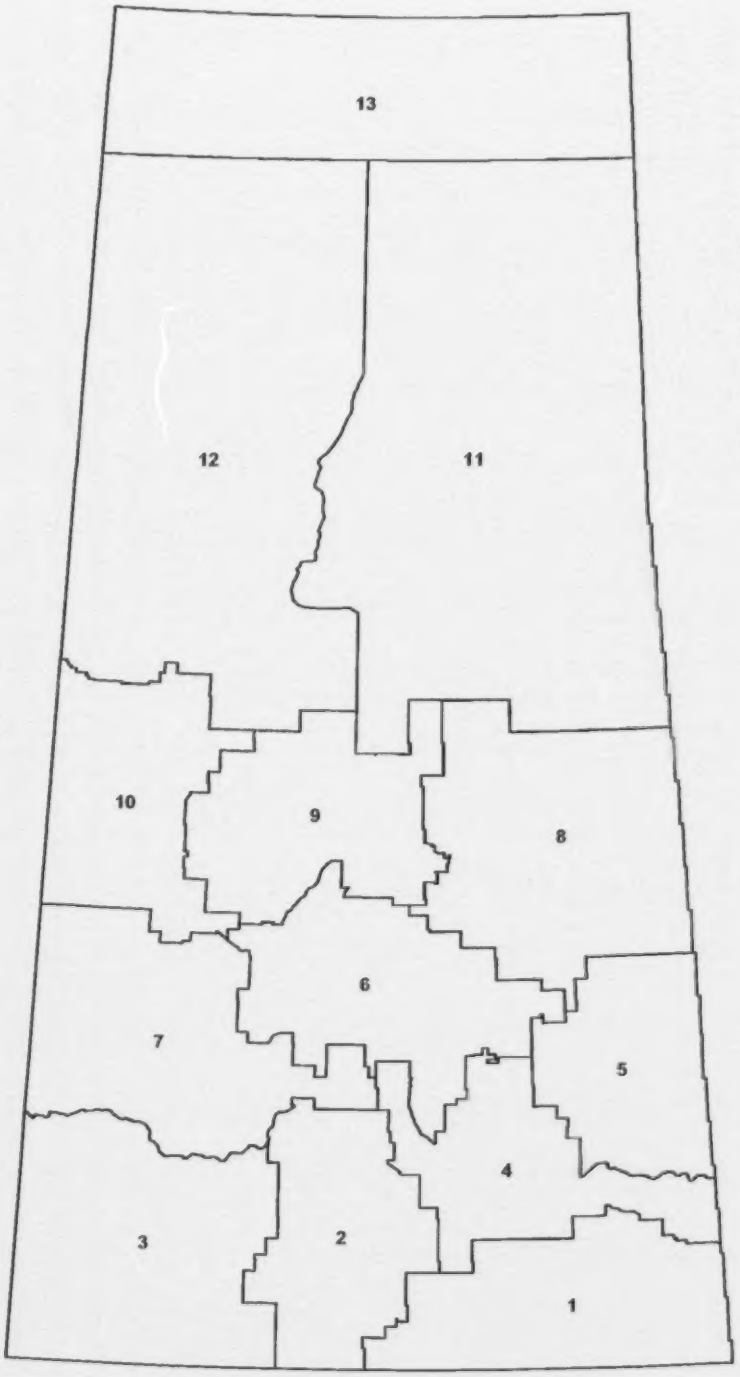


Figure 4

Map of Regional Health Authorities



1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority